



Jefferson Union High School District Nutrition Services LUNCH MONEY REFUND REQUEST FORM

If you would like to request a refund from your student's account, please complete this form and send to JUHSD- Food Services or e-mail form to: amcdonell@juhsd.net
699 Serramonte Blvd. #100
Daly City, CA 94015

Refunds are processed as they are received. Your refund will be sent to your mailing address.

Student Information

Student Name	Student ID	School Name	Refund Amount
1.			\$
2.			\$
3.			\$
4.			\$
Grand Total			\$

Reason for Request (check one): Moving out of District Graduating Senior
 Approved for Free Lunch for current school year

Parent Information

Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Phone: ()	E-mail:	
Parent Signature:		Date:

For Nutrition Services Use Only

Total Refund Amount: \$	
Date Refund Request Received:	
Office Signature:	Date:
Christie Hildreth - Food Services Director	