

LUNCH ACCOUNT REFUND REQUEST

Parents of students leaving the Kinnikinnick School District may receive a refund of students lunch account balances in excess of ten (10) dollars by mail if:

- 1. No outstanding fees are owed to the District: If a student is leaving the District with fees outstanding, any lunch account balance will first be applied in payment of said fees, and
- 2. No other children attend the District: If a sibling remains in the District, any lunch account balance remaining after payment of outstanding fees will be automatically transferred to the lunch account of a sibling, and
- 3. This completed request form is received within 30 days of leaving the District.

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Please refund any balance in exce	ess of ten (10) dollars remainin lunch account at _	
(First and Last Name of	Student)	(School Name)
I am requesting a refund due to:		
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Please mail a check to the follow	ing address (Please Print):	
Name:		
Address:		
City, State, Zip:		
Telephone:		
Signature:		
	Please fax or mail your request to Kinnikinnick CCSD #131 Attn: Jamie Carollo jcarollo@kinnschools.org 5410 Pine Lane Roscoe, IL 61073 Fax 815-623-2837 ext. 6163	:
For Office Use Only:		
Amount approved for refund:	Date: Approx	ved by: