

West Clermont Local School District  
Food and Nutrition  
Meal Account Refund Request Form

## Refund Request

To request a refund from your student's meal account, please fill out the information below and send it to the Cafeteria Manager at your student's school. Once your request has been processed, you will be mailed a check from the Treasurer's Office at West Clermont Schools.

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

School Attending: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

\_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_