

WEST CLARK COMMUNITY SCHOOLS

601 Renz Avenue, Sellersburg, IN 47172

812.246.3375

FOOD & NUTRITION SERVICES

**CAFETERIA REFUND REQUEST FORM**

Date of Request: \_\_\_\_\_

Requested By: \_\_\_\_\_

\*Requester must be either the student or guardian of student.

Relationship to Student: \_\_\_\_\_

Students Name: \_\_\_\_\_

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

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

Reason for Refund: \_\_\_\_\_  
\_\_\_\_\_

**Submit in person, by mail at above address or via email to [cafeteria@westclarkschools.com](mailto:cafeteria@westclarkschools.com)**

**Office Personnel:**

Verify guardian and mailing address, if applicable, in Infinite Campus.

Verification completed by: \_\_\_\_\_  
Office Personnel

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**For Central Office use only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER**

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