



**Austintown Local Schools**  
*Food Services Office*  
 245 Idaho Road, Austintown, OH 44515  
 (Negative balances must be paid prior to withdrawing)



**PARENT REQUEST FOR REFUND**

|               |  |      |  |              |  |                      |    |
|---------------|--|------|--|--------------|--|----------------------|----|
| STUDENT NAME: |  | ID#: |  | SCHOOL NAME: |  | TOTAL AMOUNT :       | \$ |
| STUDENT NAME: |  | ID#: |  | SCHOOL NAME: |  | TOTAL AMOUNT :       | \$ |
| STUDENT NAME: |  | ID#: |  | SCHOOL NAME: |  | TOTAL AMOUNT :       | \$ |
| STUDENT NAME: |  | ID#: |  | SCHOOL NAME: |  | TOTAL AMOUNT :       | \$ |
| STUDENT NAME: |  | ID#: |  | SCHOOL NAME: |  | TOTAL AMOUNT :       | \$ |
|               |  |      |  |              |  | <b>GRAND TOTAL :</b> | \$ |

**PARENT INFORMATION**

|                         |           |               |  |                  |  |  |  |
|-------------------------|-----------|---------------|--|------------------|--|--|--|
| <b>PARENT NAME:</b>     |           |               |  |                  |  |  |  |
| <b>MAILING ADDRESS:</b> |           |               |  |                  |  |  |  |
| <b>CITY:</b>            |           | <b>STATE:</b> |  | <b>ZIP CODE:</b> |  |  |  |
| <b>Phone:</b>           | (     ) - |               |  | <b>E-Mail:</b>   |  |  |  |
| <b>PARENTSIGNATURE:</b> |           |               |  |                  |  |  |  |

**FOR FOOD SERVICE OFFICE USE ONLY**

|                                      |    |
|--------------------------------------|----|
| <b>AMOUNT TOTAL REFUND:</b>          | \$ |
| <b>DATE REFUND PROCESSED IN FSO:</b> |    |
| <b>OFFICE SIGNATURE:</b>             |    |

Email this form to [SPavlich@AustintownSchools.org](mailto:SPavlich@AustintownSchools.org) or drop off at the Food Service Office at Austintown Elementary School.

Checks will be mailed. Please ensure an accurate mailing address on this form. Forms can take several weeks to process.