

Brunswick County Schools
Child Nutrition Services
35 Referendum Drive, Bolivia, NC 28422
PH: 910-253-1092 Fax: 910-253-2876



Refund Request Form

To receive a refund for a balance remaining in a meal account, the student must no longer be enrolled in Brunswick County Schools or be able to provide hardship documentation. The following information is required in order for a refund to be issued. The refund check will be made payable to the parent (payee) and mailed to the address provided below. Mail or fax to the completed form to the above address. Please allow four (4) weeks for processing.

Parent Name:
(Payee)

Social Security #
(Parent)
**Required in order for refund to be processed*

Student Name:

Student NC Wise#

School:

Mailing Address

Street/ PO Box:

City:

State/ Zip Code:

Phone:

For Office Use Only:

Transaction by Student or other form of account documentation must be attached.

DATE RECEIVED: _____

DATE PROCESSED: _____

PROCESSED BY: _____

REFUND AMOUNT: _____

DIRECTOR'S APPROVAL: _____