

SCHOOL MEAL ACCOUNT REFUND REQUEST FORM

Date: _____

Student Name: _____

School: _____

Refund amount requested: _____

Reason for refund: _____

Parent Signature _____

Email address: _____

Mailing
address: _____

Please include with this form proof of payment, which could be a copy of the cancelled check front and back, or a copy of the bank/credit card statement with the parents name on it, or a receipt showing charge and last four digits of credit card. We will also need a copy of the credit card with all info blacked out except for the name and last four digits.

If you have any questions, please contact Janice Watt, Food Service Director at 508-543-1656 or wattj@foxborough.k12.ma.us.

Please mail this form and proof of payment to:

Food Service Director
Foxyborough Public Schools
120 South Street
Foxyborough, MA 02035

Or email to: wattj@foxborough.k12.ma.us