



Liberty County School Nutrition Program

200 Bradwell Street ♦ Hinesville, GA 31313

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www.libertyschoolnutrition.com

Lunch Account Refund Request

To be completed by the parent/guardian of the account holder

Name of child: _____ Date: _____

School: _____ Account Number: _____

Name of parent/guardian: _____

Reason for Refund:

- Withdrawal
- Status Change
- Graduation
- Other

Amount of refund: _____

Is the refund under \$10.00? Yes No

If Yes: Sign and return to your child's school

If No:

Parent's Forwarding Address:

Clerk's Signature: _____

Just a reminder if you have used Mylunchmoney.com, please make sure to disable the Smart Payment settings before requesting a refund. To disable your Smart Pay feature, select the "Smart Pay Settings" link on the home page and select the OFF button. Be sure to delete any low balance amount and select Submit to save the changes.

I am authorized to request this refund as the student or parent/guardian of the student listed above. Please allow 4-6 weeks for processing.

Parent's Signature: _____

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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