



SCHOOL NUTRITION SERVICES REQUEST FOR REFUND
2015-2016

Date of Request: _____

Name of Student: _____

Student ID #: _____

Student's School: _____

Parent's Name: _____

Mailing Address: _____

Reason for Refund: _____

Parent's Signature: _____

***Parents~please complete and return to cafeteria manager or send to:**

OKCPS School Nutrition
2500 NE 30th
Oklahoma City, OK 73111

***All refunds ending in a zero balance will close that student's account.**

SNS Use Only

Student's Account Balance: _____

SNS Director's Signature: _____