



South San Francisco Unified School District

Nutrition Services

LUNCH MONEY REFUND REQUEST FORM

If you would like to request a refund from your student's account, please complete this form and send to Nutrition Services District Office or e-mail: mperez@ssfusd.org

If you have any questions, please contact the Nutrition Services Department at: (650) 877-8716

Refunds are processed on the 1st of every month. Your refund will be sent to your mailing address approximately 2 weeks after being processed.

Student Information

Student Name	Student ID	School Name	Refund Amount
1.			\$
2.			\$
3.			\$
4.			\$
Grand Total			\$

Reason for Request (check one): ☐ Moving out of District ☐ Graduating Senior
☐ Approved for Free Lunch for current school year

Parent Information

Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Phone: ()		E-mail:
Parent Signature:		Date:

For Nutrition Services Use Only

Total Refund Amount: \$	
Date Refund Request Received:	
Office Signature:	Date:
Fran Debost, MS, RDN - Director of Nutrition Services and Distribution	