

**Eastbrook Community Schools Corporation
Nutrition Department**

Request for refund of meal account funds

Student Information:

Name(s) _____

School(s) _____

Reason for refund (circle):

Left school district Graduated Other (specify) _____

Anticipated amount of refund: _____

Please indicate where you want the check mailed:

Parent/Legal Guardian to make payable to _____

Phone: _____

Address: _____ City, State, and Zip: _____

SIGNATURE _____

DATE _____



Please submit form to:
Eastbrook Community Schools
ATTN: Food Service Department
560 S 900 E
Marion, IN 46953

All refunds are in form of a check. Please allow 1-2 weeks for processing. In the event that the actual refund amount differs from the anticipated amount, the person who completed this form will be contacted. Any questions, please contact the Food Service Director's office at 765-664-1214 Ext 180.