PASCAGOULA-GAUTIER SCHOOL DISTRICT
CHILD NUTRITION DEPARTMENT
CAFETERIA ACCOUNT REFUND FORM

1. *Please fill out the following:*

   I, _____, am requesting a refund of $_____
   (Guardian's Name) (Amount Requested)

   of my child _____ account at_____.
   (Child's Name) (School Name)

   The reason for my refund is: _____
   _____
   _____

2. *Please check how you would like to receive your refund:*

   □ Please mail my check to: OR □ Please call me at this number so I can physically pick up my check:

   _____ _____
   _____ _____
   _____ _____

3. *How to return this form to us:*

   In order to retrieve child nutrition department deposited funds from your child's account, you must complete this form and return it to the cafeteria manager or school office. Please allow 1 – 3 weeks for the refund to be processed. Amounts in accounts are nonrefundable after the last business day in June each summer.

   Pascagoula-Gautier School District
   Child Nutrition Department
   P. O. Box 250
   Pascagoula, MS 39568-0250

_____
(Printed Name)

_____
(Guardian Signature)

_____
(Date)

REVISED 4/21/21