



DIOCESE OF COVINGTON FOOD SERVICE

REFUND OF CHILD NUTRITION FUNDS

THREE OPTIONS AVAILABLE: PLEASE CIRCLE ONE

- 1. I WOULD LIKE A REFUND OF THE ENTIRE AMOUNT ON MY SON/DAUGHTER'S ACCOUNT (Min \$5.00)**
- 2. I WOULD LIKE TO DONATE TO NEEDY FAMILIES OF OUR SCHOOL**
- 3. I WOULD LIKE TO DONATE THE FUNDS TO PARISH KITCHEN**

STUDENT'S FIRST & LAST NAME _____

STUDENT'S ID # (if known) _____

STUDENT'S SCHOOL _____

STUDENT'S GRADE _____

PARENT/GUARDIAN'S

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

REASON FOR REFUND _____

SIGNATURE _____

DATE _____

RETURN THIS FORM:

<p>MAIL TO:</p> <p>Diocese of Covington School Lunch Program 1125 Madison Ave. Covington, KY 41011</p>	<p>ATTACH TO AN EMAIL AND SEND TO:</p> <p>jkaiser@covdio.org</p>	<p>FAX TO:</p> <p>859-392-1589</p>
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