



**DIOCESE OF COVINGTON FOOD SERVICE**  
**REFUND OF SCHOOL LUNCH FUNDS**

I WOULD LIKE A REFUND OF THE ENTIRE AMOUNT ON MY SON/DAUGHTER'S ACCOUNT

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** \_\_\_\_\_

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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FOR OFFICE USE ONLY

PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_