

**WILSON COUNTY SCHOOL NUTRITION
REQUEST FOR REFUND OF MONEY**

SCHOOL: _____

STUDENT'S NAME: _____

REASON FOR REQUEST: (Money will be refunded only if student leaves Wilson County Schools)

NAME AND ADDRESS TO MAIL CHECK:

PARENT'S SIGNATURE _____

DATE: _____

TO BE COMPLETED BY CAFETERIA MANAGER

AMOUNT TO BE REFUNDED _____

MANAGER'S SIGNATURE _____

DATE: _____

Date Refunded: _____ **Check Number** _____ **Amount** _____