

**2020 West Pike Street, Houston, PA 15342 ~ 724-746-1400**

**Student Cafeteria Refund Request**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade\_\_\_\_\_ Homeroom Teacher\_\_\_\_\_\_\_\_\_ Student PIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am requesting the following be completed with my child’s**

**remaining cafeteria balance:**

* **Transfer REMAINING balance to:**

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s PIN \_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_**

* **Donate REMAINING balance to the School District’s Cafeteria fund to help Delinquent Student Accounts.**
* **I am requesting a refund of the REMAINING balance. \*\*This option is only for students that have moved out of the district or have Graduated with NO other obligations.**

**Send Check to: PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFUND CHECKS WILL BE MAILED WITHIN FOUR WEEKS AFTER REQUEST IS PROCESSED**

**Questions, contact Laura Shola 724-746-1400 Ext. 108 Please submit form to:** [**laura.shola@chartiers-houstonsd.com**](mailto:laura.shola@chartiers-houstonsd.com)

**Please note that all refund requests MUST be made within 6 months of student**

**graduation and/or withdrawal from the Chartiers-Houston School District to be refunded.**

**OFFICE USE ONLY**

**Request Approved\_\_\_\_ Request Denied/Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Final Transaction\_\_\_\_\_\_\_\_\_\_\_ Administrative Adjustment Report Attached\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Refund Amount\_\_\_\_\_\_\_\_\_ Refund Check No\_\_\_\_\_\_\_\_\_\_\_\_ Refund Check Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**