



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 _____

DATE _____

RETURN THIS FORM:

MAIL TO: Diocese of Covington School Lunch Program 1125 Madison Ave. Covington, KY 41011	ATTACH TO AN EMAIL AND SEND TO: jkaiser@covdio.org	FAX TO: 859-392-1589
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FOR OFFICE USE ONLY	
PROCESSED BY _____	DATE _____