



REPUBLIC
FOOD SERVICES DEPARTMENT
 Republic School District

Ruth Melvin, BS Dietetics
 Director of Food Services

Lunch Refund Request

- ❖ All refund checks will be issued by the District Office and mailed to the address listed.
- ❖ Incomplete information or failure to sign will result in a delay of your refund.
- ❖ Refunds will take a minimum of 30 days to process.

Reason for request: (Please check)

Date: _____

- Student no longer attending
- Overpayment
- Other _____
- Donate/Transfer to another student: _____

Student Name(s):	Building Name(s):	Refund Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Refund:		\$ _____

Parent/Guardian Name: _____ Signature: _____
Print Name **REQUIRED**

Parent/Guardian Email: _____
Print--REQUIRED

Address check to be mailed to:

Street Name City, State Zip Code Phone

For office use only:

Return form to:
 Food Service Office
 636 N Main
 Republic, MO 65738
 Fax: 417-735-3745

Carrie.Vasquez@republicschools.org

Date Request Received _____
 Date Processed _____
 PO # _____