ARCHDIOCESE OF
NEW ORLEANS
School Food and Nutrition Services of New Orleans, Inc.

REQUEST FOR REFUNDS/TRANSFERS
(for graduating and non-returning students)

If you have autopay set up in myschoolbucks.com, please disable to prevent further charges.

A Parent/Guardian must complete this form. **Please print all information** (excluding signature):

STUDENT'S NAME WITH FUNDS (FIRST AND LAST): _____

STUDENT'S DATE OF BIRTH: _____   STUDENT'S GRADE: _____

STUDENT NUMBER: _____

SCHOOL NAME: _____

CAFETERIA CODE: _____

SELECT ONE: **REFUND**   **TRANSFER**   **DONATE TO SCHOOL LUNCH FUND**

FOR REFUNDS:	**FOR TRANSFERS:**
CHECK TO BE ISSUED TO:	MONEY TO BE TRANSFERRED TO:
_____	_____
Amount of Refund	*Amount to be Transferred*
_____	_____
Name (First and Last)	*Student's Name (First and Last)*
_____	_____
Street Address	*Student's Date of Birth Student's Grade*
_____	_____
City, State, Zip Code	*Name of School Student Attends*
_____	_____
Parent/Guardian's Phone Number (Include Area Code)	*Parent/Guardian's Phone Number (Include Area Code)*

DATE FOOD SERVICE MANAGER EMAILED TO CENTRAL OFFICE: _____

DATE CORRECTION MADE IN MCS (For Office Staff only): _____

Refunds will be mailed from School Food and Nutrition Services' Central Office.

Please email completed form to Lisa Gourgues, **lgourgues@schoolcafe.org**.