



REFUND REQUEST LETTER

To Nutrition Services:

I, _____ request a refund of my student's prepaid
Parent Name

Account in the amount of \$_____.

Student Name: _____

Student ID #: _____

School: _____

Grade: _____

I understand that a check will be issued and mailed within three weeks to the address given below and that this will terminate my students charging privileges.

Make Check Payable to: _____
(Must match records on file with district)

Address: _____

City, State, Zip: _____

Parent Signature

Date

Daytime Phone #

Return completed letter to your student's school cafeteria, the District Office at 155 East Fourth Street;
Perris, CA 92570,
or you may email an original copy to
Veronica.Rangel@PUHSD.ORG and Juanita.Nava@PUHSD.ORG