

## Refund Request Form

**Date:** \_\_\_\_\_

**Please issue a Refund to:**

Parent/Guardian: \_\_\_\_\_ (please print)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_

School: \_\_\_\_\_

Amount \$ \_\_\_\_\_  
**(Account balance(s) will be checked in Nutrikids)**

**Parent/Guardian Signature:** \_\_\_\_\_

**\*Checks will be mailed to the address provided.**

Mail or bring your request to:

Great Falls Public Schools  
ATTN: Food Service Department  
1100 4<sup>th</sup> Street South  
PO Box 2429  
Great Falls, MT 59403

If you have any questions, you may call us at 406-268-6047.