

Franklin Community Schools  
Food Service Department

**Refund Request Form**

Date of Request: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

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

Mailing Address For Check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

**For Office Use Only**

Processed by: \_\_\_\_\_

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

Return to:

[fleenerp@franklinschools.org](mailto:fleenerp@franklinschools.org)

Or

Food Service Office  
998 Grizzly Cub Drive  
Franklin, IN 46131  
317-346-8720