



# Oak Ridge Schools

## Food Service Department

### Cafeteria Refund Request Form

Phone: (865) 425-9006  
Fax: (865) 425-9060

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

I, \_\_\_\_\_, am requesting a refund of pre-paid money which has been credited to my child's meal account.

1. Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_
2. Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_
3. Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_
4. Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

**REQUESTER'S INFORMATION (mailing address for check):**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Signature (Required): \_\_\_\_\_

**Note to Parent/Guardians:**

- Form must be completed by a parent/guardian. Requests by anyone other than parent/guardian will not be honored.
- Return completed form to the cafeteria, or send to the Food Service Department.  
Mail: 1450 Oak Ridge Turnpike, Oak Ridge, TN 37830  
Fax: 865-425-9060 or Email: [tspyke@ortn.edu](mailto:tspyke@ortn.edu)
- Please allow 3 weeks for processing.

For Office Use Only:      Account Balance: \$ \_\_\_\_\_      Date Processed: \_\_\_\_\_  
Signature: \_\_\_\_\_