



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: PO Box 6588, Oak Ridge, TN 37831-6588 or Fax: 865-425-9060
- Please allow 3 weeks for processing.

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