

COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT #10
Cafeteria/Food Service Refund Form

- THIS IS A REQUEST FOR CAFETERIA REFUND OF ACCOUNT BALANCE.
- ALL ITEMS MUST BE COMPLETED.
- THIS REQUEST CANNOT BE ACKNOWLEDGED WITHOUT THE SIGNATURE OF THE CAFETERIA DIRECTOR.

Complete, sign and return this form to:

Collinsville Community Unit School District #10
Attn: Business Office
201 West Clay Street
Collinsville, IL 62234

STUDENTS NAME: _____
(last name) (first name) (middle initial)

GRADE: ____ SCHOOL: _____

PARENT/GUARDIAN FULL NAME: _____

PARENT/GUARDIAN ADDRESS: _____

FORWARDING (new) ADDRESS: _____

Enrollment Date: _____ Withdrawal Date: _____

Principal or Assistant Superintendent Signature

Cafeteria Director's Signature

Date

Director of Business Affairs Signature

ACCOUNT BALANCE: _____

AMOUNT OF REFUND: _____

ACCOUNT #: _____

Cash Refund Received by:
Signature _____

REFUND DATE: _____