**Brunswick County Schools**

**Child Nutrition Services**

**35 Referendum Drive, Bolivia, NC 28422**

**PH: 910-253-2900 ext.1090 Fax:910-253-2876**

**Refund Request Form**

To receive a refund for a balance remaining in a meal account, the student must no longer be enrolled in Brunswick County Schools or be able to provide hardship documentation. The following information is required in order for a refund to be issued. The refund check will be made payable to the parent (payee) and mailed to the address provided below. Mail or fax to the completed form to the above address. Please allow four (4) weeks for processing.

**Parent Name: Social Security # (Payee) (Parent)**

**Student Name: Student NC Wise# School:**

**Mailing Address**

**Street/ PO Box: City:**

**State/ Zip Code:**

**Phone:**

 **- -**

*\*Required in order for refund to be processed*

*For Office Use Only:*

**Transaction by Student or other form of account**

**documentation must be attached.**

**DATE RECEIVED:**

**DATE PROCESSED:**

**PROCESSED BY:**

**REFUND AMOUNT:**

**DIRECTOR’S APPROVAL:**

*Revised: 7.20.11*