905 W. Academy Ave., Maize KS 67101 Ph: (316) 722-0900 • Fax: (316) 722-8538

CAFETERIA ACCOUNT REFUND REQUEST FORM

Student(s) Name: _____

School Building: _____

Please select one of the options below for your refund:

- ☐ I prefer to donate the balance for the benefit of another student(s) in the school district.
- ☐ Transfer this balance to the cafeteria account of (student name): _____
  (available within Maize public schools only) School: _____
- ☐ Please send a refund for this amount: $ _____ (Checks will be mailed for refunds of $10 or more)

Make check payable to: _____

Mail to: _____ _____
(name) (street address or P.O. box)

_____ _____
(contact phone number) (City and State) (Zip Code)

- ☐ I will pick up my refund which is less than $10.00. Please call Maize Food Service at (316) 722-0900 for an appointment. *Appointments are necessary to pick up refunds under $10.00.*

_____ _____
Signature Date

If you are uncertain about your student's account balance, please contact the Maize Food Service office at (316) 722-0900.

Return this completed form to Maize Food Service at 905 W. Academy Ave., Maize, Kansas, 67101 or email to foodservice@usd266.com.

Checks will only be mailed to individuals listed as parent or guardian in Skyward. Please allow 30 days for the request to be processed. Requests submitted after May 25th and before August 1st will be processed in August.

IMPORTANT:
If you are leaving the district or graduating and owe outstanding fees, the food service credit will be applied to the outstanding balance prior to issuing a refund. A request for refunds must be made within six months after the last day the student is in attendance.

This section to be completed by the Food Service Department:

Refund amount: _____ Check #: _____ Date mailed: _____

Checked for other outstanding fees _____ _____
24 E 3100 890 0000 002 *(Food Service dept. approval signature)*

This institution is an equal opportunity employer.