

Valley View School District
Food Service Department
Request for Refund on Student's Lunch Account

Date _____

I request a refund from my child's lunch account.

Children's name 1. _____
 2. _____
 3. _____
 4. _____

Relationship to child _____

Name and address _____

Signature _____

Fill out this form and return to the Food Service Office at 755 Luther Drive, Romeoville, IL 60446. A refund will be issued to the requestor and mailed to the address above.