

Canyons School District

School Lunch Refund Request Form

Date: _____

School _____

Student ID Number _____

Student Name _____

Refund Amount \$ _____

Received by (print name): _____

Student Signature: _____

If student is a minor (17 & younger), then parent or guardian must receive and sign:

Parent/Guardian Signature: _____

Notes:

School lunch refunds exceeding the following dollar amount thresholds should be in the form of a check: \$5.00 and over for elementary schools; \$10.00 and over for middle schools; \$25.00 and over for high schools. The only exception to this rule will be at year-end for high schools.