



*Yuba City Unified School District*  
**STUDENT NUTRITION SERVICES**

**REQUEST FOR REFUND**

NAME OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

STUDENT BALANCE \_\_\_\_\_

ID NUMBER \_\_\_\_\_

SCHOOL \_\_\_\_\_

**REFUND TO:**

Parent or Guardian \_\_\_\_\_

**PLEASE PRINT**

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

**Signature of Parent Requesting Refund** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE ADDRESS LISTED BELOW:**

STUDENT NUTRITION  
730 GRAY AVENUE  
YUBA CITY, CA 95991

**OR EMAIL TO:** *llanglois@ycusd.org*

*Questions regarding this form, please call the Student Nutrition Office at (530) 822-5078*



***Do not complete for office use only***

Refund Processed on: \_\_\_\_\_  
DATE

Approved By: \_\_\_\_\_

Budget Code: \_\_\_\_\_