

**Fauquier County Public Schools
School Nutrition Program**

**124 Manor Court, Suite 10
Warrenton, VA 20186
Fax # (540)422-7239**

Student Account Refund Request Form

Date _____

School _____ **Grade** _____

Student ID Number _____

Student Name _____

Account Balance \$ _____

Important: If student account is funded by credit card, please de-activate auto-pay (if applicable).

I am requesting a (check box): **Refund** **Transfer** (w/in Fauquier County Public Schools)

Transfer from _____
Student's Name/Account #/School

Transfer to _____
Student's Name/Account #/School

Guardian's Name: _____ **(please print)**

Guardian's Signature: _____

Address: _____

Contact Phone Number: _____

Reason: _____
