



**Walnut Valley Unified School District**  
Nutrition Services Department  
880 South Lemon Avenue, Walnut, CA 91789 (909) 595-1261 ext. 31322

"KIDS FIRST - Every Student, Every Day"

**REFUND REQUEST FORM**

**DATE:** \_\_\_\_\_

FOR OFFICE USE ONLY  
PROOF OF ID:  
VERIFIED BY:

**STUDENT(S) NAME**

**ID #**

**AMOUNT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**REFUND TOTAL:** \$ \_\_\_\_\_

**REASON:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK PAYABLE TO:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*\*Please allow up to 2 weeks to process refund request.*

"This institution is an equal opportunity provider."