



**DIOCESE OF COVINGTON FOOD SERVICE**  
**REFUND OF CHILD NUTRITION FUNDS**

**THREE OPTIONS AVAILABLE: PLEASE CIRCLE ONE**

- 1. I WOULD LIKE A REFUND OF THE ENTIRE AMOUNT ON MY SON/DAUGHTER’S ACCOUNT (Min \$5.00)**
- 2. I WOULD LIKE TO DONATE TO NEEDY FAMILIES OF OUR SCHOOL**
- 3. I WOULD LIKE TO DONATE THE FUNDS TO PARISH KITCHEN**

STUDENT’S FIRST & LAST NAME \_\_\_\_\_

STUDENT’S ID # (if known) \_\_\_\_\_

STUDENT’S SCHOOL \_\_\_\_\_

STUDENT’S GRADE \_\_\_\_\_

PARENT/GUARDIAN’S

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

REASON FOR REFUND \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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

RETURN THIS FORM:

MAIL TO:  Diocese of Covington School Lunch Program 1125 Madison Ave. Covington, KY 41011	ATTACH TO AN EMAIL AND SEND TO:  jkaiser@covdio.org	FAX TO:  859-392-1589
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