



Pioneering the Next Generation

School District of Sevastopol

4550 Highway 57 • Sturgeon Bay, WI 54235 • 920-743-6282 • Fax: 920-743-4009
www.sevastopol.k12.wi.us

We must have a request **in writing or this form** to process, refund, or pay-it-forward of funds on school meal accounts.

The following information is needed to process request.

Student Name: _____

School: _____

Please select a section that applies to your request.

_____ **Refund Requested**

*Check payable to Guardian: _____

*Mailing address: _____

Phone Number: _____ Email: _____

Reason for Refund _____

_____ **Pay it Forward** to donate the remaining funds to the Angel Fund and help cover other students that may need assistance.

Thank you for your donation.

Parent/Guardian Signature: _____

Please return this form to Casey Andrews, Food Services Director. If you have any questions please feel free to contact Casey at 920-743-6282 x1117.

Mailing address: School District of Sevastopol
4550 Highway 57
Sturgeon Bay, WI 54235

Fax to: 920-743-4009 or Email to: candrews@sevastopol.k12.wi.us

***Cash refunds are not available at the school cafeteria.**

This institution is an equal opportunity provider.

Revised 05/23/2018