



**Avondale Elementary School District #44**  
**Food and Nutrition Services**  
**Meal Account Refund Request Form**

If you would like to request a refund of funds from your student's account, please complete this form and give it to your student's cafeteria clerk or manager, or you can email it to Autumn Ellertson at the district office: [aellert@chooseaesd.org](mailto:aellert@chooseaesd.org)

With completed form, our cafeteria clerks are permitted to refund up to \$5.00 per account to parent/guardian, all other requests will be refunded via check.  
 Checks will be mailed to the address provided below.

If you have any questions, please contact Autumn Ellertson via phone: 623-772-5023 or via email: [aellert@chooseaesd.org](mailto:aellert@chooseaesd.org)

**Student Information**

Student Name	Student ID	School Name	Refund Amount
1-			\$
2-			\$
3-			\$
4-			\$
5-			\$
6-			\$
7-			\$
<b>Grand Total</b>			\$

**Parent Information**

Parent/Guardian Name:		
Address:		
City:	State:	Zip:
Phone: ( )	E-Mail:	
Parent Signature:		Date:

**For Nutrition Services Use Only**

Total Refund Amount \$	
Office Signature:	Date:

*This institution is an equal opportunity provider.*