



## CCSC FOOD SERVICES DEPARTMENT

806 Eastern Blvd  
Clarksville, IN 47129  
(812)704-5525

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### Food Services Account Refund Request

(Please fill out, sign and return to the Food Services Dept. or School Office by mail, email or in-person)

Date of Request: \_\_\_\_\_

Requested By (name & signature):

\_\_\_\_\_

Relationship to Student:

\_\_\_\_\_

Current Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime/Contact Phone:

\_\_\_\_\_

Reason for Refund:

\_\_\_\_\_

Students Name:

\_\_\_\_\_

Students School:

\_\_\_\_\_

**"Pay It Forward"**



\_\_\_\_\_ (sign ) By checking & signing this box you may request that the balance be placed into another student's account. You can give us the name of the student here \_\_\_\_\_ or leave it to our discretion. It will be placed in the account with the most need. Thank You.

.....  
For School and Office use only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

"This institution is an equal opportunity provider."