

**COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT #10**  
**Cafeteria/Food Service Refund Form**

- THIS IS A REQUEST FOR CAFETERIA REFUND OF ACCOUNT BALANCE.
- ALL ITEMS MUST BE COMPLETED.
- THIS REQUEST CANNOT BE ACKNOWLEDGED WITHOUT THE SIGNATURE OF THE CAFETERIA DIRECTOR.

Complete, sign and return this form to:

Collinsville Community Unit School District #10  
Attn: Business Office  
201 West Clay Street  
Collinsville, IL 62234

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STUDENTS NAME: \_\_\_\_\_  
(last name) (first name) (middle initial)

GRADE: \_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN FULL NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**FORWARDING (new) ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

\_\_\_\_\_  
Principal or Assistant Superintendent Signature

\_\_\_\_\_  
Cafeteria Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Business Affairs Signature

ACCOUNT BALANCE: \_\_\_\_\_

AMOUNT OF REFUND: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

Cash Refund Received by:  
Signature \_\_\_\_\_

REFUND DATE: \_\_\_\_\_