



Application for Refund to  
Student Meal Account  
Hanover Nutrition Services  
10120 W 133rd Ave  
Cedar Lake IN 46303

Students Name \_\_\_\_\_

Student's Account Number \_\_\_\_\_

School \_\_\_\_\_

Refund Amount \_\_\_\_\_

Reason for Refund \_\_\_\_\_

OR

*Money can be donated to help children in need. Please indicate how you would like the funds used:* \_\_\_\_\_  
\_\_\_\_\_

**Mailing Information / Payable To:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this completed form to your school office or nutrition services. All refunds are subject to any balance owed to Nutrition Services for charged meals. Checks will be cut and mailed to the above address once the School Board approves the refund. This process may take up to 8 weeks. Direct inquiries to Michelle Philipp, Nutrition Services Director 219-374-3921 or [mphilipp@hanover.k12.in.us](mailto:mphilipp@hanover.k12.in.us) forms can also be faxed to 219-374-3898.