



**Application for Refund to
Student Meal Account
Hanover Student Nutrition Services**

Students Name _____

Student's Account Number _____

School _____

Refund Amount _____

Reason for Refund _____

Mailing Information

Name _____

Address _____

Signature _____

Date _____

Please submit this completed form to your school office or cafeteria. All refunds are subject to any balance owed to the department of Student 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 6 weeks. Inquiries can be directed to Isabella Pennybacker, Student Nutrition Services Director 219-374-3921.