



**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 forms can also be faxed to 219-374-3898.