

**Carteret County Public Schools**  
**Request for Refund of Student Lunch Account**

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Please mail or fax this form to:**

**Carteret County Public Schools**  
**Attention: Child Nutrition Department**  
**107 Safrit Dr.**  
**Beaufort, NC 28516**

**Fax Number: (252) 728-3028**

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