



2025-2026

REQUEST FOR REFUND OF MEAL ACCOUNT MONEY

(PLEASE PRINT)

SCHOOL NAME:		
STUDENT NAME:		
AMOUNT OF REFUND: (To be completed by Café Manager)		POS #
REASON FOR REFUND:	<input type="checkbox"/> Graduating 8 th or 12 th grade and not returning to a Diocesan school <input type="checkbox"/> No longer enrolled at a Diocesan school <input type="checkbox"/> Meal status has changed	
PARENT'S/GUARDIAN'S PRINTED NAME:		
COMPLETE MAILING ADDRESS:	(Street)	(Apt #)
CITY, STATE, ZIP:		
PHONE NUMBER (S):		
<p>By signing below, I, the parent or legal guardian of the above-named student, represent, warrant and certify to the above-named School, The Roman Catholic Church of the Diocese of Baton Rouge, and the Diocese of Baton Rouge Child Nutrition Program (collectively, the "Diocese Parties") that I am fully and legally entitled to all funds requested herein (the "Funds") and that no other person or entity has any right, title or interest in and to the Funds. I hereby agree to fully release, indemnify, hold harmless, promise not to sue, and forever discharge each of the Diocese Parties from any and all claims, actions, damages, losses, liabilities, costs, expenses, injuries, or causes of action whatsoever, including attorneys' fees ("Claims"), that in any way are caused by, arise out of or result from any of the Diocese Parties issuing payment or refund of the Funds to the undersigned as requested herein, including, but not limited to, any such Claims made by any other person or entity to or for the Funds, regardless of whether caused by the actual or alleged negligence or willful misconduct of any of the Diocesan Party or anyone else.</p>		
PARENT'S/GUARDIAN'S SIGNATURE:		
DATE:		

Form must be turned in to the school cafeteria only. Checks will be mailed to the parent/guardian as shown above. Please allow 30 days for the request to be processed.

FOR OFFICE USE ONLY

MANAGER'S SIGNATURE: _____

NOTE: Please attach a copy of the student's payment history.