

# Le Sueur-Henderson Public Schools School Lunch Refund Request Form

If you would like to request a refund from your student's lunch account,  
please complete this form and return it to the District Office at  
115 North 5<sup>th</sup> Street, Suite 200, Le Sueur, MN 56058.

If you have any questions, please contact Jennifer Vrklan  
via phone: (507) 665-4604 or e-mail: [jvrklan@isd2397.org](mailto:jvrklan@isd2397.org)

## Student Information

Student Name	Grade	School Name	Refund Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
<b>Grand Total</b>			<b>\$</b>

## Parent Information

<b>Parent/Guardian Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>Parent Signature:</b>		

## For Office Use Only

<b>Date Received:</b>	<b>Code: R-02-000-770-000-701-601</b>
<b>Total Refund Amount (attach account journal): \$</b>	
<b>Refund adjustment recorded in Infinite Campus (initials) _____</b>	