Request for Meal Account Refund Form

If you would like to request a refund for your Winton Woods City Schools student’s meal account, please fill out and mail this form to:

Winton Woods City Schools
Child Nutrition Department
8 Enfield
Cincinnati, OH 45218

~You may also fax this form to the Child Nutrition Department at 513-619-2394
Or scan and email to koeninger.vickie@wintonwoods.org~

Once we receive your request, we will submit it to the Winton Woods City Schools Treasurer’s Office to process the refund.

If you have any questions, please call The Child Nutrition Department at 513-619-2480.

Date: ____________________

Parent Name: _____________________________________________________________

Parent’s Signature: ______________________________________________________

Current Address: _________________________________________________________

Daytime Phone Number: __________________________

Student’s Name: _________________________________________________________

Student’s ID Number: __________________________

School Attended: ________________________________________________________

For District Use Only:

Signature of Food Service Director: _________________________________________

Amount of refund: _______________

Date: _________________________

Entered into POS: ____________________

Sent to Treasurer’s Office: ________________

This institution is an Equal Opportunity Provider and Employer.