



Gwinnett County Public Schools  
Refund Request

Date: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

1. STUDENT'S NAME: \_\_\_\_\_ ID \_\_\_\_\_

2. STUDENT'S NAME: \_\_\_\_\_ ID \_\_\_\_\_

3. STUDENT'S NAME: \_\_\_\_\_ ID \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AMOUNT TO BE REFUNDED: \_\_\_\_\_

Check box if refund was given at school.

MANAGER'S SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

**INSTRUCTIONS:**

- Refunds will be handled at the local level for under \$25.00.
- Requests over \$25.00 will be handled through **Diane Edwards(Central Office)**.
- A check will be mailed to the address given on the form.
- One form may be completed for each family.
- **Do Not** list different families on a form.
- Keep a copy of this request for your file.
- Submit refunds over \$25.00 or any summer refunds to Diane Edwards by one of the following methods.
- Fax: 678.301.6308
- E-mail to: [Diane\\_Edwards@gwinnett.k12.ga.us](mailto:Diane_Edwards@gwinnett.k12.ga.us)
- Mail: ISC-SNP

437 Old Peachtree Rd. NW  
Building 200  
Suwanee, GA 30024  
Attention: Diane Edwards

If you have questions please contact:  
Diane Edwards, Lead Accounting Specialist 678.301.6318

In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write to the Secretary of Agriculture, Washington. D.C. 20250