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| HUSD - Higley Unified School District |
| Food Services Department |
| **STUDENT MEAL ACCOUNT CREDIT REQUEST FORM** |
| IF YOU HAVE ANY QUESTIONS PLEASE CONTACT SCHOOL CAFETERIA MANAGER or Food Services (480) 279-7142 |
|  |  |  |  |  |  |  |  |  |
| STUDENT NAME: |  | ID#: |  | SCHOOL NAME: |  | TOTAL AMOUNT: | $ |
|
| **Please fully describe the reason for the credit request:** |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  | PARENT/GUARDIAN INFORMATION |  |
| PARENT/GUARDIAN NAME: |  |
| MAILING ADDRESS: |  |
| CITY: |  | STATE: |  | ZIP CODE: |  |
| Phone: | ( ) - | E-Mail: |  |
| PLEASE SEND THIS COMPLETED FORM TO THE SCHOOL CAFETERIA MANAGER OR FAX THIS TO Food Services, FAX # (480)279-754 OR EMAIL TO Food.Services@husd.org  |
| **FOR HIGLEY UNIFIED SCHOOL DISTRICT OFFICE USE ONLY** |
| Date Received: |  | Amount of Credit Applied: | $ |
|
| Date Processed: |  | Processor Initials: |  |
| Higley District Initials: |  |
| IF APPROVED, CREDIT WILL BE APPLIED WITHIN 10 BUSINESS DAYS |