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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](mailto: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 | | | | | | | | | | | | | | |