



NAZARETH AREA SCHOOL DISTRICT
Food Service
357 Tatamy Road
Nazareth, PA 18064-2397
610-759-3632 FAX 610-849-0871

Donna M. Garr, Director of Food Service
Email: dgarr@nazarethasd.org

Cafeteria Refund Request

Date: _____

Amount: _____

Student's Name: _____

Parent/Guardian's Name: _____

Address That Refund Will Be Mailed To:

- Reason: _____
(Example: Graduating Senior, Student Withdrawn From District, etc)

Please allow at least 30 days from date of request for refund.

Send to: NASD Food Service Department
357 Tatamy Road
Nazareth, PA 18064

Thank you.

WP/Cafeteria Refund Request