



Gwinnett County Public Schools
Refund Request

Date: _____

SCHOOL NAME: **PARKVIEW HIGH SCHOOL**

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 may be processed at the local school level for up to \$50.00. (if funds are available)
- Any refund amount over \$50.00 can be handled through **Enes Selimovic\Central Office**.
- A refund 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 to Enes Selimovic by one of the following methods.
- Fax: 678.301.6308
- E-mail to: Enes_Selimovic@gwinnett.k12.ga.us
- Mail: ISC-SNP

437 Old Peachtree Rd. NW
Building 200
Suwanee, GA 30024
Attention: Enes Selimovic

If you have questions please contact:
[Enes Selimovic, Lead Accounting Specialist 678.301.6318](mailto:Enes_Selimovic@gwinnett.k12.ga.us)

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