



CHILD NUTRITION STUDENT REFUND REQUEST

Student name & ID #: _____ Date: _____

Parent phone # (required): _____ Email: _____

Please indicate whether you are requesting a donation, transfer of funds to another student’s account within the district or a refund.

Donate the remainder of my child’s lunch account balance to a student in need.

Transfer

Please transfer funds to:

Student Names: _____

Schools: _____

ID numbers: _____

Refund Amount of refund \$ _____

Parent printed name and signature: _____

Mail check to: _____

Please return this form to the DISD Child Nutrition Department in one of the following ways:

- Email: sstraughan@dentonisd.org
- Mail: Child Nutrition Department
Attn: Shelly Straughan
1303 N Elm St
Denton, TX 76201

FOR OFFICE USE ONLY

Check Request Number: _____

Vendor Number: _____

GL Code: _____

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