



**CHILD NUTRITION STUDENT REFUND REQUEST**

Student name & ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Parent phone # (required): \_\_\_\_\_

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: [bmartin2@dentonisd.org](mailto:bmartin2@dentonisd.org)
- Mail: Child Nutrition Department  
Attn: Bev Martin  
1303 N Elm St  
Denton, TX 76201

FOR OFFICE USE ONLY	
<b>Check Request Number:</b>	_____
<b>Vendor Number:</b>	_____
<b>GL Code:</b>	_____

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