

# DeSoto County Schools - Child Nutrition

## Refund Request

of payments made for student meals

\*Transfers of balances between siblings are recommended by the Child Nutrition Department prior to refunds being issued\*

\*\*Refunds less than **\$10.00** must be picked up at the Child Nutrition Department, 325 Kapik, Hernando, MS 38632\*\*

Date of request: \_\_\_\_\_

Name of requestor: \_\_\_\_\_

Relationship to the student(s): \_\_\_\_\_

Reason for refund: \_\_\_\_\_

Mailing address & phone number: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Name	School	Student ID	Birth date	Amount of Refund*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____

\* = verified in One Source

**Return to Leigh Cornish via mail, email or fax:**

**MAIL:** 325 Kapik, Hernando, MS 38632

**EMAIL:** leigh.cornish@dcsms.org

**FAX:** 662 449-7234

Refund Date:  Check Number:
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