

**Greene County School District  
Child Nutrition Department  
Refund Request Form**

Date: \_\_\_\_\_

To Whom It May Concern:

My child has recently withdrawn from \_\_\_\_\_ School.

Please forward these funds to the following address:

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

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent Signature

**To retrieve funds from your child's account, a written request must be submitted to the Child Nutrition Department of the Greene County School District. You may return the completed form to the Child Nutrition office or you can mail it to the following address:**

**Greene County School District  
Child Nutrition Department  
P.O. Box 1329  
Leakesville, MS 39451**