

Dickinson ISD Child Nutrition Services:

I, _____, am requesting a refund of pre-paid money, which has been credited to my child's Point of Sale Account. I would like for these funds to remain accessible to my child until _____, after which funds will no longer be available.
(date)

My child, _____, attends _____ School and his/her Student ID number is _____.

My contact information is as follows:

Print Name: _____

Refund Mailing Address: _____

Phone number: _____

Signature: _____

Checks will be issued for refunds over \$10.00. Under \$10.00 will be refunded in cash at your child's school cafeteria.

This section is for the cafeteria manager:

Total account balance due on date listed above: _____

Date you received notification: _____

Manager's Signature: _____

Please submit a copy of the student's history with this request.

Verified by Finance Specialist, Signature _____ Date _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."