

Elementary Student Refund Form

Please complete the following information to receive a refund. If the refund is for \$20.00 or less, the School Nutrition Manager for your child's campus can refund the amount due upon completion of this form. If the refund is for any amount greater than \$20.00, a check will be mailed to you. Please allow two weeks for processing and delivery.

Student Name: _____

Student ID#: _____

Campus: _____

Parent/Guardian Name: _____

(check will be made payable only to the parent/guardian listed on the student's account)

Address: _____

Phone Number: _____

Reason for Refund:

Change in Eligibility Status

Transfer or Graduation from ECISD

Other, please explain: _____

Receive Check by: Mail At School Nutrition Office

Parent Signature: _____ Date: _____

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For Office Use Only:

Refund Amount: _____

If \$20.00 or less: Attach this form to Day End paperwork

Refunded By: _____ Date: _____

If more than \$20.00: Attach Account Summary and submit to School Nutrition Office

Account Adjusted By: _____ Date: _____

Submitted By: _____ Date: _____

Check Requested By: _____ Date: _____

Check Remitted to Parent By: _____ Date: _____

Mail At School Nutrition Office