

DEXTER  
COMMUNITY  
SCHOOLS



FOOD & NUTRITION  
STUDENT MEAL ACCOUNT  
REFUND REQUEST

DATE: \_\_\_\_\_

STUDENT NAME(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

REFUND TYPE: SNACK 25-0169-0000-0000-0000 (PLEASE CHECK ONE BELOW)  
DEEC 03635  
WYLIE 00214  
CREEKSIDE 04609

STUDENT LUNCH ACCOUNT 25-2491-0000

REFUND REQUEST AMOUNT: \_\_\_\_\_

\* CHECKS ARE PROCESSED BY THE BUSINESS OFFICE TWICE EACH MONTH AND  
SENT OUT VIA USPS

\*\* BALANCES OF LESS THAN \$5.00 WILL NEED TO BE ISSUED IN-PERSON

\_\_\_\_\_  
**FOR OFFICE USE ONLY:**

**APPROVED BY:** \_\_\_\_\_