



# Lake Worth ISD Child Nutrition Department Refund Request Form

To receive the refund you requested, please complete and return this form to:

LWISD Child Nutrition Dept.  
6805 Telephone Rd.  
Lake Worth, TX 76135  
817-306-4214 Fax: 817-237-1801

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Refund request date: \_\_\_\_\_ Amount to be refunded \$ \_\_\_\_\_

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

The person making request: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail Checks to the following address: (checks will be mailed in 7 to 10 business days)

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

Signature of person requesting refund: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CN Director: \_\_\_\_\_ Date: \_\_\_\_\_

**CN USE ONLY:**

Form completed by (if other than CN Director): \_\_\_\_\_

(Send original to business office) Business Office info: Refund of Balance in Mosaic Account Code 240.00.5751.08.000.0.00.0.00 and enter thru CN check request group.

**This institution is an equal opportunity provider.**