

Bridgeport ISD Child Nutrition

**STUDENT MEAL ACCOUNT BALANCE OPTIONS**

We must have a request **in writing** to process movement of funds on your student's school meal account. **Also, please don't forget to stop Auto Payments on MySchoolBucks.**

**Part A:**

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

School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

\_\_ I wish to **donate** my student's account balance to help others have a school meal/pay off student meal charges (complete Part A)

\_\_ I wish to **transfer** the funds to another student account (complete Part A & B)

\_\_ I request a **refund** check (complete Part A & C)

**TRANSFER / REFUND**

**Part B: To transfer funds** to another account, complete the following information:

Transfer funds TO:

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

School: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Amount to be transferred, IF different than balance: \_\_\_\_\_

**Part C: To request a refund** you should include the following information. Please print.

Refund check should be made Payable TO: \_\_\_\_\_

Postal Mailing address for refund check: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mail, email, or fax this form to the Child Nutrition Office. If you have any questions, please contact Child Nutrition at (940) 683-5124.

Mailing address: Bridgeport ISD – Child Nutrition  
2107 15<sup>th</sup> Street  
Bridgeport, TX 76426

Fax: (940) 683-4268

Email: [jdowse@bridgeportisd.net](mailto:jdowse@bridgeportisd.net)

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