

# Deer Creek Public Schools CNS Lunch Refund Form

Student Name:	Today's Date:	
Account number:	Grade:	School:

**Refund Options:**

**Section A**

We do have some students that struggle to pay for lunches. You can donate SOME or ALL of your student's balance to a student who struggles. This is completely optional and there is no obligation to do so.

**STOP:** *If you checked the box for a donation skip to the bottom of the page, sign the form, and then submit to [cns@dcsok.org](mailto:cns@dcsok.org).*

**Section B**

Request full refund in full, please allow 60-90 days for a refund to be issued, it must go before the Board for approval and then a check will be issued and mailed.

**If you checked the box in section B, in the space below please provide the address and the name you want the check mailed to. Once you have completed the form please email to [cns@dcsok.org](mailto:cns@dcsok.org)**

First and Last Name	Address

Would you like to be contacted by the CNS office to discuss additional concerns about your student's account?

YES  NO

*The undersigned certifies that the information provided is correct and accurate.*

**(Print) Parent/Guardian:** \_\_\_\_\_

**Relationship to the Student:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\_\_\_\_\_  
**Street Address** **City** **State** **Zip**

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_