



Child Nutrition Adult Account Request

Please complete the following information.

Name: _____

Campus: _____

Employee ID: _____ Date: _____

Email _____

Return complete form to am.guerrero@donnaisd.net . Please allow 3-5 business days to process. An email notification will be sent once account has been created. We appreciate your business!

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Donna Independent School District

Child Nutrition Program

1201 Sliver Avenue

Donna, TX 78537

956-464-1814

