



Dallas Independent School District

Food & Child Nutrition Services PARENT/STUDENT REFUND FORM

PARENT NAME _____

CONTACT'S EMAIL ADDRESS: _____

MAILING ADDRESS (Please Print) _____

CITY _____ STATE ____ ZIP _____

TELEPHONE # _____

(Parents must provide student's name and ID for refund)

STUDENT NAME _____ STUDENT ID# _____ SCHOOL _____

STUDENT NAME _____ STUDENT ID# _____ SCHOOL _____

STUDENT NAME _____ STUDENT ID# _____ SCHOOL _____

Reason for refund. Please circle an option.

1). Refund of prepayment meals 2). Left district 3). Graduated

4). Other: Please explain other reason.

Parent Signature _____ Date _____

(For FCNS Department Internal Use Only)

Send this form to:

**Dallas ISD
Food & Child Nutrition Services
1515 Al Lipscomb Way
Dallas, TX 75215**

Fax: 214-932-7507

Or email to: TYMAYES@dallasisd.org

Student Acct. Balance: _____ (POS Newton)

Date Received: _____ By _____

Date Processed in Oracle : _____ By _____

Date Update POS: _____ By _____

Customer ID #: _____ Credit Memo #: _____

Invoice#: _____

Check # _____ Check Date _____