REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS

Student Information

Name:
Student ID#:
School:

Reason for refund (Pick One)

Left School District Graduated Other(specify):

Please indicate which of the three options you would like to use to disburse the remaining balance of your student's meal account:

(1) REFUND CHECK Amount:$

Parent/Legal Guardian (made payable to):

Address: Apt:

City: State: Zip Code:

*Please allow 4-6 weeks for processing. Checks will be mailed to address provided above.

(2) TRANSFER to student(s) within Wylie ISD schools

Name:	School:	Student ID#:	Amount:$
Name:	School:	Student ID#:	Amount:$
Name:	School:	Student ID#:	Amount:$

(3) DONATE

☐ Please donate the balance of my student's account to the School Lunch "Angel Fund" to be used to help students in need.

Amount donated: $ List any specific school:

DEADLINE: Please note that students leaving the district or graduating during the 2025-2026 school year must submit their request for a refund or transfer prior to **June 4, 2026**.

Electronic Signature: _____ **Date:** _____

Please submit completed form to:
Wylie ISD Student Nutrition Department
200 Pirate Drive
Wylie, TX 75098
Or email completed form to: Leonidett.Regensburger@wylieisd.net Questions call: (972) 429-2332

This institution is an equal opportunity provider.