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: Janett.Garcia@wylieisd.net Questions call: (972) 429-2334

This institution is an equal opportunity provider.