Bridgeport ISD Child Nutrition

STUDENT MEAL ACCOUNT BALANCE OPTIONS

We must have a request in writing to process movement of funds on your student's school meal account. Also, please don't forget to stop Auto Payments on MySchoolBucks.

Part A:

Student Name:

School:

Parent Name:

Parent Signature:

__ I wish to donate my student's account balance to help others have a school meal/pay off student meal charges (complete Part A)

__I wish to transfer the funds to another student account (complete Part

A & B) __I request a refund check (complete Part A & C)

TRANSFER / REFUND

Part B: To transfer funds to another account, complete the following information:

Transfer funds TO:

Student Name:

School:

Student ID#:

Amount to be transferred, IF different than balance:

Part C: To request a refund you should include the following information. Please print. Refund check should be made Payable TO:

Postal Mailing address for refund check:

Phone Number: Email:

Mail, email, or fax this form to the Child Nutrition Office. If you have any questions, please contact Child Nutrition at (940) 683-5124.

Mailing address: Bridgeport ISD – Child Nutrition
2107 15th Street
Bridgeport, TX 76426

Fax: (940) 683-4268
Email: cafe@bridgeportisd.net

This institution is an equal opportunity provider.