

Food & Nutrition Services

DICKINSON INDEPENDENT SCHOOL DISTRICT

4003 VIDEO STREET

DICKINSON, TX 77539

P: (281)-229-6012 F: (281)-229-6013

FNS OFFICE USE ONLY

VEN #: _____ REM BAL: \$ _____

ACCT TYPE:

(Check one) CASH x575100 LMN x575102

FNS PROCESSED DATE: _____

PROCESSED BY: _____

FNS MEAL ACCOUNT FORM

- When withdrawing from Dickinson ISD and money remains on the meal account, please complete this form to designate how this remaining balance will be refunded or transferred.
- **Parent/Guardian listed on student account must fill out form if student is under the age of 18.**
- Form must be submitted to the cafeteria manager or child nutrition office for all refund requests \$10 and over. Return completed form by email to dsmithmayfield@dickinsonisd.org or bring to 4003 Video St., Dickinson, TX 77539.
- Refunds will be issued by check from the district business office. It may take up to four (4) weeks to process.
- If you have any questions or concerns, please call (281)229-6059.

Student Name: _____

Student ID#: _____

Student's School: _____

Account Balance: _____

PLEASE SELECT ONE OF THE OPTIONS BELOW:

REFUND

- \$10.00 OR LESS:** WILL BE GIVEN BY CAMPUS CAFETERIA.

MANAGER NAME: _____

DATE OF REFUND: _____

CAMPUS: _____

MGR. SIGNATURE: _____

- OVER \$10.00:** WILL BE MAILED TO PARENT/GUARDIAN LISTED ON THE STUDENT'S MEAL ACCOUNT.

MAILING ADDRESS FOR CHECK REQUEST:

ADDRESS: _____

CITY/STATE: _____

ZIP: _____

PHONE: _____

TRANSFER

- TRANSFER TO A MEMBER OF THE SAME HOUSEHOLD.

TO:
NAME: _____

ID# _____

DONATE

- DONATE TO A STUDENT WHO MAY BE HAVING DIFFICULTY PAYING FOR MEALS AND HAS AN UNPAID MEAL BALANCE, IN ACCORDANCE WITH DISTRICT PROCEDURES.

STUDENT NAME: _____

STUDENT ID#: _____

STUDENT CAMPUS: _____

- DONATE TO FEED ALL KIDS FUND.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Print Name Clearly: _____

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<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov.

This institution is an equal opportunity provider.