

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: _____

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**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: _____

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DONATE TO FEED ALL KIDS FUND.

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

Print Name Clearly: _____

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