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 PROCCESSED 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: _____