



CROSBY ISD Nutrition Services

Lunch Refund Request

Date: _____

Student Name: _____

Student ID #: _____

Refund/Disbursement Amount: _____

There are three ways to disburse these funds. Please the box of your choice:

- You may **transfer** the balance. If you have any other students attending Crosby ISD we would be happy to transfer the funds to that student's lunch account.

Student's name to transfer funds to: _____ **Student ID #:** _____

- You may **donate** the balance. We will deposit the money into "The Elementary Donated Meal Fund" to pay for a student who needs money for lunch for the current school year.
- You may request a **refund** to be mailed to your current address. Once this request has been processed you will receive an email showing the refund transaction and the date the amount was deducted from your student's lunch account. Please allow 2-3 weeks from the date of the transaction for your check to arrive.

Name of Requester: _____

If requesting a refund please fill out the information below.

Address to mail refund to: _____

_____	_____	_____
Home Address		Apt #
_____	_____	_____
City	State	Zip Code

Home Phone #: _____ **Cell Phone #:** _____

Email Address: _____

Reminder: It is your responsibility to cancel automatic payments online at www.schoolcafe.com to prevent further payments to your student's account.

Please email the completed form to ngarza@crosbyisd.org and keep a copy for your files.