

Abilene ISD Student Nutrition Department

Student Nutrition Lunch Account-Refund Request

**241 Pine Street
Abilene, Texas 79601**

Name _____ ID# _____ Date _____

Please do the following with the balance in my student's account:

____ I have another Student or Employee lunch account in the District. Please transfer to the following account name/number: _____.

____ I do not have another Student or Employee lunch account in the District. Please refund the balance to name & address below:

Parent or Guardian Name: _____

Mailing Address, City, State, Zip _____

Please allow up to four (4) weeks for check refunds to be processed. Student or Parent

Parent or Guardian Signature: _____ Date: _____

For AISD Student Nutrition office use only

I confirm that I have received permission from the Director of Student Nutrition and will process the request for reimbursement refund from the employee/child's nutrition account

Final Account Balance of: \$ _____

Amount has been deducted from account _____ Check request issued _____

Amount has been transferred to _____.

Kandace Grenwelge
Student Nutrition Director
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This Institution is an equal opportunity provider