



MEAL ACCOUNT REFUND REQUEST

(One form per student.)

NOTE TO PARENTS:

- If you have recurring payments linked to your child's account through Skyward Family, please delete the automatic payment option by logging into your account. Otherwise, auto payments will continue after this refund is processed.
- Balances left on accounts may be donated, transferred to another Barbers Hill student or refunded.
- Refunds equal to or greater than \$15.00 will be issued in the form of a check. Refund checks are issued from the district's finance office and may take 2 - 4 weeks to process.
- Refunds less than \$15.00 will be issued in the form of cash. Parent/Guardian must come in person to the School Nutrition office located in the Leadership Support Center Building, 9600 Eagle Drive, Mont Belvieu, TX 77523 to be issued a cash refund.
- Completed forms may be returned to your child's cafeteria manager. You may also email it to klambert@bhisd.net.

Student's Name: _____ Reason for Refund Request (select one):
Account #: _____ Student has been approved for meal benefits
Balance: _____ Student is withdrawing from school
Campus: HS MSN MSS Refund of year-end balance
 ESN ESS ECC PKC Other: _____

Select one option below:

- Donate funds to a student in need
- Transfer funds to another BH student (Enter name of student): _____
- Refund remaining balance (Complete information below if check is to be mailed.)

If check is to be mailed, print parent/guardian name and mailing address below:

Parent/Guardian Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Parent/Guardian Signature: _____

For School Nutrition Office Use Only

Refund Amount: _____ Date Processed: _____
Vendor # _____ Processed By: _____
Reimbursement Method: Cash Check Approved By: _____
Parent/Guardian signature if cash was refunded in person: _____