



## REFUND REQUEST

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Barbers Hill School: KC PS ESN ESS MSN MSS HS

Your student has a current balance of \$\_\_\_\_\_.

Please notify the School Nutrition office your preference for these funds.

Please check one of the options below:

- Pick up the balance in person at your student's cafeteria or School Nutrition office. Refunds in person will be given to a parent or guardian.
- Transfer the balance to a sibling's account. Please include the sibling's name and lunch account number below.

\_\_\_\_\_  
Sibling's Name

\_\_\_\_\_  
Lunch ID Number

- Please donate my current student's balance to a student in need.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please contact the Barbers Hill ISD School Nutrition office at (281) 576-2221 ext. 1368 if you have any questions.