



Fredericksburg ISD School Nutrition Services

234 Friendship Lane, Fredericksburg, TX 78624

830-997-8589

Meal Account Refund/Transfer Request

Request a refund Requesting a fund to be transferred to sibling(s) Requesting a fund to be donated

Check Refund (over \$20.00):

Student's Name: _____
* Refund/Transfer Amount: _____
Parent or Guardian Name: _____
Mailing Address: _____
Phone number: _____
Parent/Guardian Signature/Date: _____

Transfer to Sibling:

Student's School: _____
From Student's Name: _____
Transfer to Sibling(s) Name: _____
*Refund/Transfer Amount: _____
Parent/Guardian Signature/Date: _____

Donate:

Student's School: _____
From Student's Name: _____
* Donate Amount: _____
Parent/Guardian Signature/Date: _____

*(if amount unknown, leave blank)

Parent(s)/Guardian(s): In order for your request to be processed in a timely manner, please complete form. Send the request directly to your child's cafeteria Manager or mail it to FISD School Nutrition, 234 Friendship Lane, Fredericksburg, TX 78624

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