USD#261-Haysville Food Service Department

Parent/Guardian refund request for meal account balance

Date:_____

Student Name:_____   ID#_____

Account Balance:_____

Refund request made by Parent/Guardian:_____

(make check payable to/mailing address) _____

_____

**Parents-please complete and return by mail or e-mail to :

USD#261-Haysville/Food Service Dept.   llatham@usd261.com

132 Stewart –Door #15   or

Haysville,KS 67060   ginalee@usd261.com

FOOD SERVICE OFFICE USE ONLY

Myschoolbucks.com balance cleared: YES   or   NO

Acct. balance in SNAP cleared and acct. history printed: YES or   NO