WYLIE ISD

Wylie ISD Child Nutrition Department



Refund/ Donation of Meal Account Balance

		\$	
Student's Name	Student's ID	Balance	
	_	\$	
Student's Name	Student's ID	Balance	
Please use this form to request a ref another child/ sibling account. You r to a student's accounts that have be	nay also choose to have the recognized as econom	nis money donated ic challenges.	
☐ Please <i>transfer the balance</i>	to my other child's meal accou	int:	
	_	 \$	
Student's Name	Student's ID	Balance	
I am requesting that my child service donation fund to assist child		<i>nated</i> to the Food	
☐ Please <i>refund</i> my child's me	al account balance to me.		
Please make checks payable:			
Address:			
Parent/ Guardian Signature:		Date:	

*Please note: If you have auto pay set up through Revtrak, please turn it off.

This form may be emailed to $\underline{klanderos@wyliebulldogs.org}$ or sent to Administration Office 6251 Buffalo Gap Rd

Abilene, TX 79606

Attn: Kristi Landeros/ Food service

