



Food & Nutrition Services
Ryan Mikolaycik, Director

Lunch Account Refund & Adjustment Request

Food and Nutrition Services,

My Student(s) **(include: Student ID# & School Attended)**,

- _____
- _____
- _____

is/are leaving the District and I would like to:

Have a refund issued to:

Name:

Address:

Phone Number:

E-mail:

Or,

Transfer money to my other student(s) account (include: ID# & School):

- _____
- _____
- _____

Signature of Guardian

Date



Send signed and completed form via E-mail, Fax, or USPS to:

Kathryn Dunphy
Administrative Assistant & Application Processor
607 Ranch Road 620 North, Austin, Texas 78734
Telephone: 512-533-6037 Fax: 512-533-6493
E-mail: foodservice@ltsidschools.org