



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:**

Angela McAfee  
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](mailto:foodservice@ltsidschools.org)