



Willis ISD Child Nutrition Department

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Remaining Student Balance – Withdrawal Form

Please send this form with the student/parent to the Café Manager as part of the withdraw process. Return the completed form to the Cafeteria Manager or Child Nutrition Office.

Student Name: _____

Student ID#: _____ Campus: _____

Account Balance: _____ Date: _____

If remaining funds are in account, I would like to:

_____ **Transfer balance to a student or WISD staff member in household.**

Student/WISD Staff Name: _____

Student/Staff ID #: _____

_____ **Donate remaining balance to students who may be having difficulty with payments.**

_____ **Donate a portion of the balance. Amount:** _____

_____ **Request a refund** – Child Nutrition will mail a check to address below:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian

Date

For Child Nutrition Office Use Only:

Funds Removed from Lunch Account in the amount of \$ _____ on _____.

Amount Verified By: _____

Entered in TEAMS on: _____

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