

GISD Student Cafeteria Refund Request

DATE: _____

Student Name _____

Student ID # _____

Parent/Guardian Name _____

* Mailing Address (please indicate if moving) _____

Phone Number _____

Email Address _____

Amount of Refund \$ _____

Parent/Guardian Signature _____ Date _____

Return to Davelyn Davis @GISD Admin Building Child Nutrition Department.

***Refunds will only be issued to the Primary Parent/Guardian on Student's account. The refund process takes 10-14 business days for refund.

GISD Student Cafeteria Refund Request

DATE: _____

Student Name _____

Student ID # _____

Parent/Guardian Name _____

* Mailing Address (please indicate if moving) _____

Phone Number _____

Email Address _____

Amount of Refund \$ _____

Parent/Guardian Signature _____ Date _____

*Please return to Davelyn Davis @GISD Admin Building Child Nutrition Department

***Refunds will only be issued to the Primary Parent/Guardian on Student's account. The refund process takes 10-14 business days for refund.