

MID-DEL PUBLIC SCHOOL DISTRICT
CHILD NUTRITION REFUND

Please send the completed copy to Twalker@mid-del.net

STUDENT INFORMATION:

NAME: _____ DOB: _____

SCHOOL: _____ GRADE: _____

REFUND AMOUNT _____

PARENT/GUARDIAN INFORMATION

For a check to be issued please supply the following parent/guardian information:

CHECK PAYABLE TO: _____

ADDRESS: _____

STREET

CITY

ZIP

EMAIL ADDRESS: _____ PHONE NUMBER: _____