

DeSoto County Schools - Child Nutrition

Refund Request

of payments made for student meals

Date of request: _____

Name of requestor: _____

Relationship to the student(s): _____

Reason for refund: _____

Mailing address & phone number: _____

Student Name	School	Student ID	Birth date	Amount of Refund*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____

* = verified in One Source

Return to Melissa Sanchez via mail, email or fax:

MAIL: 325 Kapik, Hernando, MS 38632

EMAIL: melissa.sanchez@dcsms.org

FAX: 662 449-7234