



# WHITE HALL SCHOOL DISTRICT

Patsy Garner Child Nutrition Director

1020 West Holland

White Hall, Arkansas 71602

Phone: (870) 247-2171 Fax: (870) 247-3707

DATE OF REQUEST: \_\_\_\_\_

I am requesting my child's school lunch refund to be:

\_\_\_\_\_ Mailed

\_\_\_\_\_ Transferred in District to: \_\_\_\_\_

## PLEASE PRINT

Child's Name: \_\_\_\_\_

Address (to mail refund to): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

If you are requesting a refund to be mailed, please send the request to:

**White Hall School District  
Child Nutrition Department  
1020 West Holland  
White Hall, AR 71602**

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CN Cashier's Initials: \_\_\_\_\_

Date account balance was checked: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_