



Mitchell Public School District School Meal Account Refund Request Form

If you would like to request a refund of any remaining meal account balance, please provide us with all student information below. You must also include the parent/guardian's name and address for the check to be mailed out. Form must be dated and signed by the parent/guardian. Checks will be mailed out after the next Board of Education Meeting.

1.	_____	_____	_____
	Student name	Grade	School
2.	_____	_____	_____
	Student name	Grade	School
3.	_____	_____	_____
	Student name	Grade	School
4.	_____	_____	_____
	Student name	Grade	School

Parent/Guardian Name: _____
(Refund check will be made out to this individual)

Address: _____

Date: _____

Parent/Guardian Signature: _____

Please return this completed and signed refund request form to:

Mitchell Public Schools Nutrition Office

821 N. Capital Street

Mitchell, SD 57301

or

Email to Leann.Carmody@k12.sd.us

For any questions, please call (605) 995-7607

This institution is an equal opportunity provider.