



# Child Nutrition Refund Request Form

Transfers of balances between siblings are recommended by the Child Nutrition Department prior to refunds being issued  
\*\*Refunds less than \$10.00 must be picked up at the Child Nutrition Department, 325 Kapik Road, Hernando, MS 38632\*\*  
***My Payments Plus users – Prior to submitting this request, please turn off automatic withdrawals***

**Date of Request:** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Relationship to Student(s):** \_\_\_\_\_

**Reason for Refund:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

Student's Name	School	Student ID	Birth Date	Amount of Refund
				\$
				\$
				\$
				\$
				\$

*Amount of refund is verified in One Source*

**TOTAL \$**

<p><b>Check Number:</b></p> <p><b>Refund Date:</b></p>
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**Return to: Melissa Miles via mail, email or fax:**

**MAIL:** 325 Kapik Road, Hernando, MS 38632

**EMAIL:** [melissa.miles@dcsms.org](mailto:melissa.miles@dcsms.org)

**FAX:** 662 449-7234