Request for Refund from
Brookhaven School District
Child Nutrition

To: Brookhaven School District
326 East Court Street
Brookhaven, MS 39601

From: _____
(Please Print) First Name Last Name

_____
Address

_____
Phone Number

To Whom it May Concern:

I am requesting a refund of money in the amount of $ _____ that is available on the

cafeteria account for _____ .
Student First Name Student Last Name Student Cafeteria Number

_____ _____
Parent/Guardian Signature Date

_____ _____
Approved by Child Nutrition Director Date

Return this form to Brookhaven School District Child Nutrition Office or fax to 601-833-2852