

**WYLIE ISD**



**Wylie ISD  
Child Nutrition Department**

**Refund/ Donation of Meal Account Balance**

\_\_\_\_\_ \$ \_\_\_\_\_  
Student's Name Student's ID Balance

\_\_\_\_\_ \$ \_\_\_\_\_  
Student's Name Student's ID Balance

**Please use this form to request a refund from your child's meal account to another child/ sibling account. You may also choose to have this money donated to a student's accounts that have been recognized as economic challenges.**

\_\_\_\_\_ Please **transfer the balance** to my other child's meal account:

\_\_\_\_\_ \$ \_\_\_\_\_  
Student's Name Student's ID Balance

\_\_\_\_\_ I am requesting that my child's meal account balance be **donated** to the Food service donation fund to assist children in need of lunch money.

\_\_\_\_\_ Please **refund** my child's meal account balance to me.

Please make checks payable: \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*Please note: If you have auto pay set up through Revtrak, please turn it off.**

This form may be emailed to [kristi.landeros@wyliebulldogs.org](mailto:kristi.landeros@wyliebulldogs.org) or sent to Administration Office  
6251 Buffalo Gap Rd  
Abilene, TX 79606  
Attn: Kristi Landeros/ Food service

