



Student name & ID #: _____ Date: _____

Parent phone # (required): _____

Please indicate whether you are requesting a donation, transfer of funds to another student’s account within the district or a refund.

Donate the remainder of my child’s lunch account balance to a student in need.

Transfer--Please transfer funds to:

Student Name(s): _____

Campus: _____

ID number(s): _____

Refund-Amount of refund \$ _____

Parent printed name and signature: _____

Mail check to: _____

Please return this form to the LEISD Child Nutrition Services Department in one of the following ways:

- Email: pdelauney@littleelmsisd.net
- Fax: 972-947-9324
- Mail: Child Nutrition Department
Attn: Pia DeLauney
300 Lobo Lane
Little Elm, TX 75068

FOR OFFICE USE ONLY

Balance in Student’s Account:
Check Request Information:
Student Account Deactivated:

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