



## Child Nutrition Student Balance Form

*Complete upon withdrawal/check out:*

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_ Campus: \_\_\_\_\_

Student Balance \_\_\_\_\_ Positive or Negative (circle one)

If positive balance, circle the Household/Parent/Guardian's request below:

- **Refund** – from **School Cafeteria** or NISD Administration **Child Nutrition Office** (circle one if refunding)
- **Transfer** to another NISD student: Name \_\_\_\_\_ ID# \_\_\_\_\_
- **Donate** to student in need with a negative balance.

If negative balance, circle how payment will be submitted:

- In school cafeteria to manager or cashier
- Online at [www.schoolcafe.com](http://www.schoolcafe.com)
- NISD Administration Child Nutrition Office

\_\_\_\_\_  
Household/Parent/Guardian Signature

\_\_\_\_\_  
Date

*Send completed form to Child Nutrition office.*