

## Tate County Schools Child Nutrition Department

### Refund Request

of payments made for student meals

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 Central Office, 574 Parkway Street, Coldwater, MS 38618\*\***

**My School Bucks users- Prior to submitting this request, please turn off automatic deposits on student accounts.**

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

TOTAL: \_\_\_\_\_

Return to: Amanda Meredith via mail, email or fax:

MAIL: 574 Parkway Street, Coldwater, MS 38618

EMAIL: [ameredith@tcsdms.org](mailto:ameredith@tcsdms.org)

FAX: 662-622-7402

This institution is an equal opportunity provider.

Amount of refund verified in Mosaic \_\_\_\_\_

Refund Date: _____ Check Number: _____
---