



Arlington
INDEPENDENT SCHOOL DISTRICT
More Than a Remarkable Education

Food & Nutrition Services Department Refund/Transfer Form

*Person Requesting Refund: _____ Date: _____

*Mailing Address: _____

*Daytime Phone #: _____ *Email Address: _____

*Student Name: _____ Student ID # (if known): _____

*Campus: _____ Amount in Account: \$ _____

☐

REFUND

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TRANSFER

If a transfer is requested, please complete the information below.

Transfer to:

Student Name: _____ Student ID # (if known): _____

Amount: _____ School: _____

Student Name: _____ Student ID # (if known): _____

Amount: _____ School: _____

Parent or
Guardian

Signature: _____ Date: _____

*Signature must be the parent/guardian on student's registration.

Refunds will be processed within 10 – 12 business days and mailed to the address provided above.
Forms should be emailed to FNSAccounting@aisd.net.

If you have questions, contact the A.I.S.D. Food and Nutrition (FNS) Office at 682-867-7823 or 682-867-7682.