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**EMPOWER!**

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## Refund Request Form

I would like to request the money back from my child(ren)'s food service account(s).  
 The last day my child(ren) will eat is \_\_\_\_\_.

Gregory-Portland ISD Business Office has a policy that all refunds are processed through that office and a check mailed to the provided address. We are not able to provide cash out of our register. We apologize for this inconvenience but for bookkeeping purposes, we need paperwork for our records. Please list the names and ID numbers of the children you would like refunds for below.

NAME(S)

ID NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am also requesting that the refund check be mailed to the following address:

(Name and Address must be legible in order to have check processed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank You For your attention to this matter.

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

\*Once complete & signed, please either e-mail this form to [wildcatcafe@g-pisd.org](mailto:wildcatcafe@g-pisd.org) or mail it to Food & Nutrition Services at the address located at the bottom of this page:

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