

# My School Bucks (Nutrikids) Balance Refund Request

---

---

**Date Requested:**

\_\_\_\_\_

**Name of School Student(s) Attends:**

\_\_\_\_\_

**Student(s) First & Last Name:**

\_\_\_\_\_

**Parent or Guardian's First & Last Name:**

\_\_\_\_\_

**Address Refund Check should be sent to:**

\_\_\_\_\_

\_\_\_\_\_

**Reason for Balance Refund Request:**

\_\_\_\_\_

**Additional Information:**

\_\_\_\_\_

Please turn in this form to the main office secretary at your school or you may bring the form directly to the District Office. The refund check will be made payable to the Parent or Guardian listed above on this form unless otherwise noted in the additional information field. The check will be sent to the address noted on this form.

If you have any questions regarding this form please contact Marilyn Buchholz at 630-493-8016 or Heather Buller at 630-493-8006.

---

***For District Office Use Only:***

---

Date: \_\_\_\_\_

Balance Removed in Nutrikids: \_\_\_\_\_

District Office Authorization:

\_\_\_\_\_