



George West Independent School District

2009-2010 Recognized District

2005-2006 Recognized District

2000-2002 Recognized District

TY SPARKS

Superintendent

ROBIN SELLMAN

Director of Educational Services

GWISD Cafeteria Balance Form

Student Name: _____ DOB: _____

Student ID: _____

My child no longer attends GWISD and has a cafeteria balance. I would like to request the following be done with their balance (select one):

____ Please reimburse the full amount and mail to the address listed below:

Name of person receiving the refund: _____

Address: _____

City, State: _____ Zip: _____

____ I would like to donate the balance to the GWISD Cafeteria to be used for unpaid cafeteria balances on any GWISD student.

Parent/Guardian Signature: _____ Date: _____

Cafeteria Use Only:

Refund Amount: \$ _____
(Attach the student balance.)

Donated Amount: \$ _____

Used on Student Accounts:

ID# _____ Amount \$ _____

ID# _____ Amount \$ _____

ID# _____ Amount \$ _____

ID# _____ Amount \$ _____

Child Nutrition Director's Signature: _____

Date: _____

Business Office Use Only:

Account # _____

GWISD Check # _____ Date Completed: _____