



LEE COUNTY SCHOOLS

**Child Nutrition Department**

1280 College View Drive, Tupelo, MS 38804

Phone: (662) 680 – 5770 Fax: (662) 680 – 5776

Mr. Coke Magee, Superintendent

**DONATION/ REFUND REQUEST FORM**

Please PRINT all information below. Refunds will only be given when a student withdraws from the LCS district.

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

Student Full Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ ID# 0 0 \_ \_ \_ \_ \_

School Name: \_\_\_\_\_ School Grade: \_\_\_\_\_

Amount Being Requested: \$ \_\_\_\_\_  donate to any student that may need assistance  
 transfer to a specific student  
 refund

Reason for Request (If requesting a transfer to another student’s account, print student’s first, MI & last name, MSIS #, school, & grade below): \_\_\_\_\_

Person Requesting Refund (print F, MI, L name) \_\_\_\_\_

(signature) \_\_\_\_\_

Is Person Requesting Refund the legal Guardian?  yes  no

Mailing address for refund \_\_\_\_\_  
\_\_\_\_\_

Phone number of Requesting Person: \_(\_\_\_\_\_) \_\_\_\_\_  home  mobile

Please submit this form completed to the Child Nutrition Department by hand delivery, fax, or mail.  
If refund request is approved, you will receive a check in the mail to the address provided above. All refund requests require you to complete this [W9 form](#).

(For LCS use only)

I Have Received: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

(For LCS Child Nutrition Dept. use only)

Request Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_