

# Brookings School District • Child Nutrition

## Lunch Account Refund Request

If your child will no longer be attending Brookings School District and you would like to request a refund of the remaining lunch account balance, please provide student information and the name and address for the check to be mailed to. Checks will be distributed following next month's school board meeting.

1. \_\_\_\_\_  
Student's Name                      Grade                      School
2. \_\_\_\_\_  
Student's Name                      Grade                      School
3. \_\_\_\_\_  
Student's Name                      Grade                      School
4. \_\_\_\_\_  
Student's Name                      Grade                      School

Parent/Guardian Name: \_\_\_\_\_  
(Refund check will be made out to this individual)

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

**Please return form to:  
Your child's school**

or

**Brookings School District Child Nutrition  
2130 8<sup>th</sup> Street South  
Brookings, SD 57006**

or

**email request to [laura.duba@k12.sd.us](mailto:laura.duba@k12.sd.us)**

For any questions please call Laura Duba, Child Nutrition Director, at 605-696-4713.