



SCHOOL DISTRICT

Huron Public School District School Meal Account Refund Request Form

If your child will no longer be attending Huron Public School District and you would like to request a refund of any remaining meal account balance, please provide us with all student information below. You must also include the parent/guardian name and address for the check to be mailed out. Form must be dated and signed by the parent/guardian. Checks will be mailed out after the next Board of Education Meeting.

1.	Student name	Grade	School
2.	Student name	Grade	School
3.	Student name	Grade	School
4.	Student name	Grade	School

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

Address: _____

Date: _____

Parent/Guardian Signature: _____

Please return this completed and signed refund request form to:

**Huron Public Schools Nutrition Office
1045 18th Street S.W
Huron, SD 57350**

or

Email to amanda.reilly@k12.sd.us

For any questions, please call Nutrition Office at (605) 353-6909

This institution is an equal opportunity provider.