

Child Nutrition Department

Cafeteria Reimbursement Form

Cafeteria funds will be refunded by check upon request. Please complete the information below and submit it to the Child Nutrition Department by mail (8449 FM 471 South, Castroville, TX 78009), or you may email the information to Carey Galbraith, Secretary, at carey.galbraith@mvisd.org.

Student Name: _____ Student ID: _____

Student Name: _____ Student ID: _____

Student Name: _____ Student ID: _____

Student Name: _____ Student ID: _____

Student Name: _____ Student ID: _____

Please forward the funds to the following address:

Address: _____
 Street Name Apt # City State Zip

Legal Guardian Name: _____
 First Name Last Name

Legal Guardian Signature: _____ Date: _____

*Please allow 3 weeks for processing.