

Doral Academy of Texas Child Nutrition Department Refund Request

Date:	Campus: Doral Academy	Student Grade:
Student Name:		Student ID:
Parents Address:		
I, parent/guardian of student stated above request that any funds in my child(ren)'s Titan account be refunded. I understand thatDoral Academy may take up to 45 days to process my request (initial here)		
Parent/Guardian Signat	ure:	_ Date:
Department Use Only	y	
Refund Amount: \$		
Director Signature:		
Submitted Check Req	uest Date:	

Superintendent Approval

Mrs. Courtney Oliver, Superintendent of Schools

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20220-0410; or fac: (833) 255-1655 or (202) 680-7442; or email: Department/effected avenue.

ion is an equal opportunity provider.