



REQUEST FORM FOR REFUND/TRANSFER/PAY IT FORWARD

We must have a request in writing or this form to process, refund, transfer or pay-it-forward of funds on school meal accounts.

The following information is needed to process request.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Please select a section that applies to your request.

----- Refund Requested

Check payable to Guardian: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Refund \_\_\_\_\_

----- Transfer Requested to:

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

Amount to be transferred if different than balance: \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

----- Pay it Forward to donate the remaining funds to help cover other students that may need assistance.

Thank you for your donation.

Parent/Guardian name: \_\_\_\_\_

This request can be mailed, emailed, or faxed to the office School Nutrition Services, Attn: Eri Stanley. If you have any questions please feel free to contact Eri at (770) 704-4422.

Mailing address: Cherokee County Schools
School Nutrition Services
135 Mountain Brook Drive
Canton, Georgia 30115
Attn: Eri Stanley

Fax to: (770) 721-6306 or Email to: eri.stanley@cherokee.k12.ga.us

\*Cash refunds are not available at school cafeterias.

Checks under \$5.00 will not be mailed. Available for pickup at School Nutrition Office. (After processed)