

Mooresville Graded School District  
School Nutrition Refund or Transfer Request Form

The following information must be completed and returned to:

Mooresville Graded School District  
School Nutrition Department  
574 W. McLelland Ave.  
Building B  
Mooresville, NC 28115  
Or fax to: 704-664-4906 Attn: SN Director

Student's Name \_\_\_\_\_

Student's PowerSchool # \_\_\_\_\_

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

Amount to be **refunded**: \_\_\_\_\_

Amount to be **transferred**: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone Number \_\_\_\_\_

In the space below, please provide a brief explanation for this **refund request** or **transfer** to another meal account.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check Issued : \_\_\_\_\_

Transfer To: \_\_\_\_\_

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

Meal Account Number: \_\_\_\_\_

For inquiries into account balances or other questions please call us at 704-658-2639 and someone will assist you.

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
SN Director Signature

\_\_\_\_\_  
(Date)