

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 Court
Canton, Georgia 30115
Attn: Eri Stanley

Fax to: (770) 721-6306 or Email to: eri.stanley@cherokeek12.net

***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)

If requested check is not cashed within 90 days of request, funds will be donated to pay meal charges for students who may need financial assistance.