



Georgetown ISD

Designation of Student Meal Account Balances

Dear GISD Nutrition Services:

My child(ren) is/are withdrawing / have a change in lunch account status/ graduating from Georgetown ISD. If I have money remaining in my child (ren) 's lunch account, I would like to do the following with the remaining funds:

Student's Name: _____ **Student's ID:** _____

☐ Transfer remaining funds to another student's account:

Name: _____ Campus: _____

☐ Refund money in a check to be sent to the following address:

Name: _____

Address: _____

City, State, & Zip code: _____

☐ Donate any remaining funds to GISD Nutrition Services.

Signature: _____

Print Name: _____

Date: _____