

REQUEST FORM FOR REFUND/TRANSFER/PAY IT FORWARD

We must have **this form** to process, refund, transfer, or pay-it-forward of funds on school meal accounts.
IMPORTANT: Disable any recurring online payments prior to submission of this form.

Student Name: _____

School: _____

Student ID#: _____

Please select a section that applies to your request.

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Refund Requested

Check payable to Guardian: _____

Mailing address: _____

Phone Number: _____ Email: _____

Amount for Refund: _____

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Transfer Requested to:

Student Name: _____ Student ID#: _____

School Name: _____

Amount to be Transferred: _____

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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

***Refunds are not available at school cafeterias or LINQ. Checks under \$5.00 will not be mailed, once processed these checks will be available for pickup at the School Nutrition Office.**

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.