



Food and Nutrition Services, 136 Almon C Hill Dr, Cumming, GA 30040

STUDENT MEAL ACCOUNT BALANCE OPTIONS

We must have a request **in writing** to process movement of funds on your student's school meal account.

Part A:

Student name:

School:

Student ID#:

Parent Name/Signature: _____

☐ I wish to Donate my student's account balance to help others have a school meal (complete Part A)

☐ I wish to Transfer the funds to another student account (complete Part A & B)

☐ I request a Refund Check (complete Part A & C)

TRANSFER / REFUND

Part B: To transfer funds to another account, complete the following information:

Student name, school, and Student ID# to transfer FROM:

Student name, school, and Student ID# to transfer TO:

Amount to be transferred, IF different than balance:

Part C: To request a refund you should include the following information. Checks are cut at the end of the month.

Refund check should be made Payable TO:

FULL Postal Mailing address for refund check:

Mail, email this form to our office *to the attention of Missy Anderson*. If you have any questions, please contact Missy Anderson (770) 888-3473 ext. 310318. Email: manderson@forsyth.k12.ga.us

Mailing address: Forsyth Co. Schools - Food & Nutrition Services
136 Almon C Hill Dr
Cumming, GA 30040
Attn: Missy Anderson

***No cash refunds are available at school cafeterias.**

"This institution is an equal opportunity provider."

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