

## STUDENT MEAL ACCOUNT BALANCE OPTIONS

We must have a request in writing to process movement of funds on your student's school meal account. Please fill out the form completely so we can ensure timely processing of your request.

### **Part A: Student/Parent Information and Requested Meal Account Option**

Student Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Parent Name (printed): \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

- \_\_\_ I wish to DONATE my student's account balance to help others have a school meal/pay off student meal charges (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)

### **Part B: TRANSFER**

Transfer funds TO: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Student ID#: \_\_\_\_\_

Amount to be transferred, IF different than balance: \_\_\_\_\_

### **Part C: REFUND**

Refund check should be made Payable TO: \_\_\_\_\_  
Postal Mailing address for refund check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail or email this form to the attention of Melissa Van Norden. If you have any questions, please contact Melissa Van Norden at 706-675-3320.

Mailing address:       Heard County School Nutrition  
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