

Russell County School's Child Nutrition Program Student Account Refund/Transfer Request

(Please Print or Type)

Student's Name: _____ School: _____

I would like to request the money back from my child(ren)'s food service account(s). The last day my child(ren) will eat is _____.

Russell County School CNP Office has a procedure that all refunds are processed through the district office and a check will be mailed to the provided address. We are not able to provide cash from the register. We apologize for this inconvenience but for bookkeeping purposes, we need paperwork for our records. Below please list the name(s) and ID number(s) of the children you would like refunds.

Student name (s) and ID number: _____

Make Check Payable to: _____

Mail refund to:

Street or PO Box _____

City/State/Zip _____

Amount to Be Refunded: \$ _____

_____ I would like to donate the remaining balance to school's "Sponsor-A-Meal Account" (pay for meals for students who do not have or have forgotten money for breakfast or lunch).

If you would like to transfer the balance from one student to another, please complete information below:

Transfer from: _____

School: _____

Transfer to: _____

School: _____

Parent/Guardian Signature

Date

CNP Manager's Signature: _____ Date: _____

** Account balance printout should be attached.

During the summer months (when CNP Manager is off contract) a school administrator or his/her designee from school will sign below:

School: _____

Principal's Signature

Date _____