

Request for Refund or Transfer from Student's Lunch Account(s)

Date \_\_\_\_\_

**Option 1. I request a Refund from my child's lunch account**

Students' names/ID:

1. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_

Parent/Guardian Name and address must be completed

Name- \_\_\_\_\_

Address- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Option 2. I request a Balance Transfer from Account above to Student(s) listed below**

1. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ \$ \_\_\_\_\_

Parent/Guardian Signature- \_\_\_\_\_  
(Form must include Parent/Guardian Signature)

Fill out this form and mail to the Food and Nutrition Services Office at 925 West Center St., Green Cove Springs, FL 32043

Signed forms can be faxed to: 904-336-6526 or emailed to [debra.wilkes@myoneclay.net](mailto:debra.wilkes@myoneclay.net) or [helana.cormier@myoneclay.net](mailto:helana.cormier@myoneclay.net) Questions: 904-336-6815 or 904-336-6859