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:_____$_____

Option 3. Request to donate the balance from my child's lunch account to the following 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 Center St., Green Cove Springs, FL 32043

Signed forms can be faxed to: 904-336-6526 or emailed to debra.wilkes@myoneclay.net
Questions: 904-336-6859

5/25/23