

Social Circle City Schools
Refund/Transfer Request

Date: _____

School Name: _____

REFUND/TRANSFER FROM:

1. Student's Name: _____ ID _____

2. Student's Name: _____ ID _____

3. Student's Name: _____ ID _____

Parent's Name: _____

Address: _____

Phone Number: _____

Amount to be REFUNDED: _____

Check box if refund was given at school.

Amount to be TRANSFERRED to SIBLING: _____

Amount to be TRANSFERRED to DONATION ACCOUNT: _____

TO:

STUDENT'S NAME: _____ ID _____

STUDENT'S NAME: _____ ID _____

MANAGER'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

INSTRUCTIONS FOR REFUNDS:

- Refunds may be processed at the local school level for up to \$50.00.
- Any refund amount over \$50.00 must be handled by the **School Nutrition Supervisor**.
- A refund check will be mailed to the address given on the form.
- One form may be completed for each family.
- **Do Not** list different families on a form.
- Keep a copy of this request for your file.
- Fax: 770-464-4919
- E-mail to: melinda.marshall @socialcircleschools.org
- Mail: School Nutrition Program
147 Alcova Drive
Social Circle, GA 30025

If you have questions please contact:
School Nutrition Supervisor 770-464-4833

This institution is an equal opportunity provider.