



"In Pursuit of Excellence"

School Nutrition – Refund Request Form

If your student is leaving the Walton County School District, you may request a refund of any money left in your student's account. A refund will be generated within 30 (thirty) days after we receive your request. You may also choose to transfer funds to other students in the Walton County School District.

Once you have completed this form, you may fax (770-266-4437), scan/email to Donna Coleman (donna.coleman@walton.k12.ga.us), or deliver it to our office at the BOE Annex (1820 Hwy 11).

Please tell us the student whose account has the remaining funds:

Don't forget to disable any automatic payments which have been set up.

Student name: _____ Date of birth: _____

School: _____ Student ID #: _____

Please tell us what to do with the remaining funds:

- Transfer to a student who needs funds. (You will not be told who receives the funds, but your generosity is greatly appreciated.)
- Transfer to another student

Student name: _____

School: _____ Student ID # (if known): _____

- Full refund

Parent/Guardian Signature: _____ Date: _____

Make check payable to: _____

Street address: _____

City, State, Zip: _____

Department of School Nutrition Use

Vendor #:	Refund Amount \$:
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This institution is an equal opportunity provider.