



OCONEE COUNTY SCHOOLS

Date: \_\_\_\_\_ Student Name/Account: \_\_\_\_\_

Positive Balance in Lunch Account: \_\_\_\_\_

Please make your selection below:

☐ **SELECTION 1: Transfer Funds to a Sibling or Friend**

Sibling/Friend Name	School	Amount To Transfer

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **SELECTION 2: Transfer Remaining Funds to a Student/Students with a Negative Balance**

For confidentiality reasons, names of students with negative balances cannot be shared.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **SELECTION 3: Refund**

If you would like a refund, please fill in the information below:

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please return this form to: Oconee County Schools Nutrition  
Department Fax: 706.310.2024  
Email: [Chris Reisigl - creisigl@oconeeschools.org](mailto:Chris.Reisigl@oconeeschools.org)  
Mail: P.O. Box 146, Watkinsville, GA 30688

Office Use Only Amount Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_