

SCHOOL NUTRITION
PARENT TRANSFER REQUEST

For transfers parent/guardian must complete information below and return to cafeteria manager or School Nutrition Services. Mailing address - 407 N. Main St. Suite 100, Monroe, NC 28112 or fax # 704-296-0004.

The cafeteria manager needs to attach a copy of student history for the transaction before sending to Central Services. Transfers take at least 24 hours.

Transfers on accounts may only be requested by the legal guardian of the student and in the case of joint guardianship both guardians must consent to the transfer.

DATE _____ PHONE _____

PARENT NAME _____

PARENT NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PARENT SIGNATURE _____

PARENT SIGNATURE _____

STUDENT NAME (FROM) _____ STUDENT # _____

STUDENT NAME (TO) _____ STUDENT # _____

SCHOOL (FROM) _____

SCHOOL (TO) _____

AMOUNT OF TRANSFER _____

REASON FOR TRANSFER _____

MANAGER SIGNATURE _____ DATE _____

Approval to Pay	
_____ Finance Officer/Designee	_____ Date