

**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                   |               |
| _____<br>Finance Officer/Designee | _____<br>Date |