

Refund Policy

Refunds will only be available to students graduating or leaving the school district.

Graduating Seniors -

Graduating seniors will have the following refund options:

Option 1 – Account balances under \$20.00 will be refunded in cash by the school cafeteria. Any balance over \$20.00 will be refunded by check to the parent/guardian.

Option 2 – Funds may be transferred to a sibling's account with a written request.

Transfers Out of the District -

If a student leaves the district with a balance of \$20.00 or more remaining in his/her lunch account, the funds will be refunded by check automatically to the parent/guardian of the student. For balances less than \$20.00, a written request should be submitted to the School Nutrition Department with 90 days of the date in which the student left the district. Request forms may be printed from www.mcnairecountyschools.com or picked up in any school cafeteria. Request forms should be mailed to the following address:

McNairy County School Nutrition
530 Mulberry Avenue, Suite 2
Selmer, TN 38375

Transfers within the District –

School lunch funds automatically transfer with the student from one school to another when transferring within the district.

Returning Students –

Positive account balances for returning students will be automatically carried over to the next school year.

Unclaimed Funds –

If any refund is not requested within 90 days of a student leaving the district, the unclaimed funds will become the property of the McNairy County School Nutrition program.

McNairy County School Nutrition

Meal Account Balance Refund or Transfer Request

Please complete the information below, sign and return to the McNairy County School Nutrition Department, 530 Mulberry Avenue, Suite 2, Selmer, TN 38375. For answers to specific questions, please call 731-645-7731.

Positive balances for returning students will be automatically carried over to the next school year. Refunds from student meal accounts are granted when a student graduates or leaves the school district. Please indicate your choice for these funds below.

Student Name: _____ School: _____

Student ID#: _____ Balance: _____

Choose one:

- I am requesting the balance in the above named student's meal account be refunded to me.

Make check payable to: _____

Mail check to: _____

- I am requesting the balance in the above named student's meal account be transferred to the following child's meal account:

Student Name: _____

School: _____

Reason for Refund:

- Student has withdrawn from the McNairy County School District.
- Student has graduated.

Printed Name of Parent/Guardian

Phone Number

Parent/Guardian Signature

Date

This institution is an equal opportunity provider.

