

**Franklin County School Nutrition Program**  
***School Nutrition Account Refund Request***

Student Name:

Date:

School:

Grade:

Amount of Refund:

Parent/Guardian Name:

Phone #:

Refund Address:

Transfer of remaining funds: TO:

SCHOOL:

Parent Signature:

To be completed and returned to:

Franklin County Schools  
Attention: School Nutrition  
215 South College Street  
Winchester, TN 37398

OR via email to: vonda.bradford@fcstn.net or cindy.johnson@fcstn.net

Date Received: \_\_\_\_\_ Date Submitted to Finance: \_\_\_\_\_

SNP Director Signature: \_\_\_\_\_