

**C.W. Davis Middle School**



In lieu of a refund for a cancelled school activity/event please apply my refund to:

\_\_\_\_\_ School Lunch Account:

Student Name: \_\_\_\_\_

Student Id: \_\_\_\_\_

Amount: \_\_\_\_\_

\_\_\_\_\_ Georgia Mountain Food Bank:

Amount: \_\_\_\_\_

I have received my cash refund or please apply refund as directed above:

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date