

West Baton Rouge School Board
Child Nutrition Program

REFUND REQUEST

Refunds less than \$10.00 can be issued at the school site.

Date: _____

Manager's Signature: _____

Date	Student Name	Last four digits of Student's Social Security #	Amount Of Refund	School	Reason for Refund (circle one)
			\$		<i>Overpayment or dropped</i>
					<i>Overpayment or dropped</i>
					<i>Overpayment or dropped</i>
	<i>Total Amount of Refund Request</i>		\$		

Mailing address of Parent or Guardian: All blanks must be completed to process the refund.

<i>Name</i>			
<i>Mailing Address</i>			
<i>City</i>			
<i>State and Zip Code</i>			
<i>Phone Number</i>	<i>Home:</i>	<i>Work:</i>	
<i>Signature:</i>			<i>Date:</i>

The area below is completed in the CNP office.

School Official Requesting Refund: _____
Date: _____

