



Lewis Brooks,  
Ed.D.  
Superintendent

# Child Nutrition Department Account Refund Request

**\*\*Please print or type\*\***

Once completed **and** signed,  
FAX form to 205-682-6526 or  
EMAIL form to [mblankenship@shelbyed.org](mailto:mblankenship@shelbyed.org)

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

Reason for Refund: \_\_\_\_\_  
(No refunds for less than \$5.00 will be processed)

Make Check Payable to: \_\_\_\_\_

Mail refund to:  
Street or PO Box \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Cell Phone Number Home Phone Number

Amount to be Refunded: \_\_\_\_\_  
**\*\*No refunds for less than \$5 will be processed.\*\***

CNP Manager's Signature: \_\_\_\_\_  
**\*\*Account balance printout should be attached.\*\***

During the summer months (when CNP Manager is off contract) a designee from the  
CNP Central Office will sign: \_\_\_\_\_

School Name: \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature CNP Coordinator's Signature

CENTRAL OFFICE USE ONLY								
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