Lewis Brooks, Ed.D.
Superintendent

Board Members

Aubrey Miller,

President

David Bobo,

Vice President

Jimmy Bice

Jane Hampton

Peg Hill

410 East College Street
Post Office Box 1910
Columbiana, AL 35051

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

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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