



CITY OF LEEDS BOARD OF EDUCATION
P.O. Box 1029 • Leeds, Alabama 35094
(205) 699-KIDS (5437) • Fax (205) 699-6629



CHILD NUTRITION PROGRAM

REFUND REQUEST FORM
2022-2023

I, the parent/legal guardian of _____ am requesting a refund
from the Leeds City Schools Child Nutrition Program.

Address: _____

Phone: () _____

Parent Name (please print): _____

Signature of Parent/Guardian: _____ **Date:** _____

Reason for Request: _____

CNP Manager's Signature: _____ **Date:** _____

Amount of Refund: \$ _____ **Student Id #:** _____

Principal's Signature: _____ **Date:** _____

CNP Director's Signature: _____ **Date:** _____