

Child Nutrition Services 1551 Rock Quarry Road

Raleigh, NC 27610 wcpss.net

tel: (919) 856-2920 fax: (919) 856-3704

PARENT REFUND FORM

Use this form to request a refund of remaining balance from pre-paid lunch account by Child Nutrition Services. Fax form to (919) 856-3704 or email a copy to cnsrefunds@wcpss.net. Families may request a refund of their student's account balance by September 1 of the next school year.

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| Parer | nt Name | | | | | | | |
| Address | | | | Apartment, Suite or Room Number | | | | |
| City | | Sta | State | | Zip Code | | | |
| Phone Number | | Stu | Student's Name | | Student's School | | | |
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| | MENT ADDRESS nt Name | | | | | | | |
| Addre | ess | | | | Apartment | t, Suite or Room Num | nber | |
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