



CENTRAL COMMUNITY SCHOOL SYSTEM

10510 Joor Road • Suite 300 • Central, LA 70818

P.O. Box 78094 • Central LA 70837

225-262-1919 • www.centralcss.org



REQUEST FOR MEAL ACCOUNT REFUND

Child's Name: _____ Child's School: _____

Refund Amount: _____

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Please send a refund of the balance of my child's meal account to the address above.

Parent or Guardian Signature

Date

You may fax to (225) 262-1989, hand deliver to any school cafeteria, mail or send electronically to the address below:

CCSS CHILD NUTRITION PROGRAM
ATTN: APRIL KURTZ, SUPERVISOR
10510 Joor Road, Suite 300
BATON ROUGE, LA 70818

April Kurtz, Supervisor of Child Nutrition Program

akurtz@centralcss.org

Kittie McPhate, Child Nutrition Program

mmcphate@centralcss.org

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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