

Harnett County Schools  
Child Nutrition  
REFUND REQUEST

I am requesting a refund for my child(ren) due to the following reason:

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My child(ren)'s name, school, and student ID # is \_\_\_\_\_

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Please make check payable to (name) \_\_\_\_\_

Mail check to the following address \_\_\_\_\_

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I can be reached at the following phone # \_\_\_\_\_

Thanks-

(signature & date)

Forward completed request forms to: Harnett Co. Schools  
PO Box 1029  
Lillington, NC 27546  
Child Nutrition

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