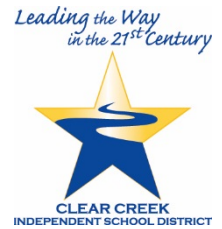


Child Nutrition

Clear Creek Independent School District

2145 W. NASA Blvd.
Webster, TX 77598
(281) 284-0700
(281) 284-0705 (fax)
www.ccisd.net



MEAL ACCOUNT REFUND REQUEST

(Please complete one form per student.)

I, _____, am requesting a refund of pre-paid Meal Account money and by signing below, certify that I am legally entitled to request and to receive any refund due on the account.

NOTE TO PARENTS:

- If you have recurring payments to your child's account through School Cafe, please delete the "Automatic Payment" option in your account at www.Schoolcafe.com. Otherwise, auto payments will continue after this refund is processed.
- If you received "Bonus Money" when you deposited money into your child's online account, it is non-refundable. The refund you receive will be the net of the balance minus bonus amount.
- Checks will be issued for refunds \$15 and greater. Balances under \$15.00 will be refunded in cash only and processed at the CCISD Child Nutrition Office located at 2145 W. NASA Blvd, Webster, TX 77598.
- Refund checks issued from the district finance office may take up to two (2) weeks to process. If you have any questions, please call (281) 284-0708.
- Return completed for by email to childnutrition@ccisd.net or fax it to: (281) 284-0705. You may also return it to your child's Cafeteria Manager.

Student's Name: _____

Student's ID #: _____

Student's School: _____

REQUESTER'S INFORMATION (mailing address for check request):

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Signature: _____

For Office Use Only	
Account Balance:	\$ _____
Less Bonus Money:	(\$ _____)
Total Due to Parent:	\$ _____
Reimbursement Method:	
<input type="checkbox"/> Check	<input type="checkbox"/> Cash
Date Processed:	_____
Signature:	_____

Date: _____

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (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.

This institution is an equal opportunity provider.