Caddo Parish School Board Child Nutrition Programs P.O. Box 32000 Shreveport, La 71130 318-603-6331

Date:	
To Child Nutrition Programs:	
I (parents name)child(ren) account be forwarded to me. Th	am requesting that the money on my e amount that is on the account(s) is
My child(ren) are:	
(Child)	, (School name & grade)
(Child)	, (School name & grade)
(Child)	, (School name & grade)
(Child)	, (School name & grade)
Thank you,	
(Name & Address)	
	_
DI. #	

Please mail to: Child Nutrition Programs, P.O. Box 32000 Shreveport, LA 71130 or Fax: 318-636-4344