



Jersey Shore Area School District

Meal Account Transfer/Close-out

Please use this form to:

1. Request a refund check for monies that are in your child's meal account
2. Request a transfer of monies to a sibling that is still enrolled in Jersey Shore School District.
3. Request the funds be donated to the local Jersey Shore Care and Share on your behalf

Student's Name: _____

School: _____

☐ I am requesting the remaining funds be refunded and mailed.

Payable to: Name _____

Mailing Address _____

☐ I am requesting remaining funds be transferred to _____

enrolled at _____ (school)

☐ I am requesting remaining funds be donated to The Jersey Shore Care and Share on my behalf.

In the case where a parental custodial agreement is on file with the district, both custodial parents must sign this form. If no parental custodial agreement is on file, only one parent signature is required.

Parent Name: _____ Signature: _____
(Please Print)

Parent Name: _____ Signature: _____
(Please Print)

For account balance information or questions, please email the school district
business office: businessoffice@jsasd.org or call 570-398-5052

Return completed forms to:
Jersey Shore Area School District - Business Office
175 A & P Drive, Jersey Shore PA 17740