



## 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 Love Center on your behalf

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

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

☐ I am requesting remaining funds be transferred to \_\_\_\_\_  
enrolled at \_\_\_\_\_ (school)

☐ I am requesting remaining funds be donated to The Love Center of Jersey Shore  
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: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

For account balance information or questions, please email the school district  
business office: [businessoffice@jsasd.org](mailto: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