



CHILD NUTRITION

Cafeteria Account Refund/Transfer Form

Complete form and return by e-mail to janine.jackson@jcsd.ms, or mail to:
Jackson County School District - Child Nutrition Department
Post Office Box 5069
Vanceleave, MS 39565

Date of Request: _____

Student Name: _____

Name of School: _____

Student ID # or Lunch #: _____

AMOUNT: _____

PARENT SIGNATURE: _____

Please check the box to indicate whether you are requesting a REFUND or TRANSFER of funds to another students's account within the district. Complete the information below.

Request for REFUND

Make check payable to: _____

Mailing Address: _____

Phone #: _____

Email Address: _____

Request for TRANSFER

Please TRANSFER funds to:

Student Name: _____

School: _____

Student ID # or Lunch #: _____

Email Address: _____

Additional Comments: