

GAHANNA-JEFFERSON PUBLIC SCHOOLS
Refund/Transfer of Lunch Account Balance

Please use this form to request a refund or transfer funds from your child's lunch account to another child (sibling) account.

Please remember to turn off your Auto Pay Setting on My Payments Plus.

_____ Please refund my child's meal account balance to me.

Please make the check payable to: _____

Please mail the check to: _____

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Student Name(s)	School(s)	Student ID#	Balance

_____ Please transfer the balance to another child's meal account:

_____	_____	_____
Student Name	Student ID#	School

Parent/Guardian Signature: _____ Date: _____

Please complete and return to: Food Service Department, 160 S. Hamilton Road, Gahanna, OH 43230
Fax: 614-478-5568
Email to: Megan Schweller, Schwellerm@gjps.org

**Please allow 14 to 21 days from the time the Treasurer's Department receives your processed form to receive a check in the USPS mail.*