

**Mississippi Department of Education
Office of Child Nutrition
Religious Statement for a Child/Children**

PART I (to be completed by school district/organization/sponsor)

Date: _____

Name of School District/School/Organization/Sponsor _____

Name of Student/Individual _____

Address _____

Date of Birth _____

School/Provider/Center Name _____

School/Provider/Center Address _____

PART II (to be completed by a minister or head authority in religious denomination)

Name of Student/Individual _____ Age _____

Quote or list the religious belief or church law or canon that restricts the student's/individual's diet

List the food(s) that should be omitted from the child's diet and food(s) that may be substituted based on the answer given above

Date _____

Signature of religious authority _____