



South Panola School District Child Nutrition Dept.

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Web Site: www.SPSDSchoolCafes.com

Mr. Tim Wilder, Superintendent

Ashton King, MS, RD, LD
Director of Child Nutrition

Religious Statement for Dietary Modification

Part I: *To be filled out by School District/School/Organization/Sponsor*

Date: _____

Name of Student: _____

Address: _____

_____ Date of Birth: _____

Name of School District: South Panola School District

School/Provider/Center Name: _____

School/Provider/Center Address: _____

Part II: *To be filled out by a Minister or other Head Authority in Religious Denomination*

Name of Student: _____ Age: _____

Quote or list Religious Belief, Law, Cannon, or Parable that restricts the student's diet:

List the food(s) to be omitted from the student's diet based on the answer given above: _____

List the food(s) that may be substituted based on the answer given above: _____

Signature of Religious Authority

Date