

Exhibit 6.4 Religious Statement for a Child or Children

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

Part I (to be completed by School District/School/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 other 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 or 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 _____

Milk Allergy _____ Lactose Intolerance _____ Other _____

Date

Signature of Religious Authority