



# South Panola School District Child Nutrition Dept.

209 Boothe Street, Batesville, Mississippi 38606/ Phone (662) 563-6006 / Fax (662) 563-6077  
Web Site: [www.SPSDSchoolCafes.com](http://www.SPSDSchoolCafes.com)

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Mr. Tim Wilder, Superintendent

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## Child Nutrition Program Parent Pick Up Approval

Site Name: \_\_\_\_\_

Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	
Name of Participating Child:	

I acknowledge that all information on this form is true. I understand that SFSP/ CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits through the USDA Program.

Parent/Guardian Sign Name: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Sign Name: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### **District/Organization Use Only**

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I, the Sponsor's authorized representative, acknowledge to the best of my ability that the above information is correct and will provide meals to the Parent/Guardian for the above children listed.

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Roster Number: \_\_\_\_\_