



# South Panola School District Child Nutrition Dept.

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Web Site: [www.SPSSchoolCafes.com](http://www.SPSSchoolCafes.com)

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Mr. Tim Wilder, Superintendent

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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: \_\_\_\_\_

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**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