

**West Point Consolidated School District
Office of Child Nutrition
Religious Statement for a Child/Children**

Please return this form to:

**West Point Consolidated School District
Office of Child Nutrition
Phone: 662-494-6370
Fax: 662-494-8605**

Part 1 (to be completed by School District or guardian)

Date: _____

Name of School District: West Point Consolidated School District

Address: P.O. Box 656, 359 Commerce Street, West Point, MS 39773

Name of Student: _____

Student's Address: _____

_____ Student's Date of Birth: _____

School Attended by Student: _____

Part II (to be completed by a Minister or other Head Authority in Religious Denomination)

Name of Student: _____ Age: _____

Quote or list the Religious Belief or Church Law or Canon that restricts the student's diet: _____

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

Date

Signature of Religious Authority