



## **Child Nutrition Department**

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Valerie Weivoda, Child Nutrition Director  
Coke Magee, Superintendent of Education

### **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: LEE COUNTY SCHOOLS

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**