Date______________________________

To: Ocean Springs School District Child Nutrition Department:

I, ____________________________ (name of parent or legal guardian), the undersigned, give permission to the below listed child/children to use their pre-paid meal account to purchase breakfast, lunch, second meals (adult meal price) and extra food. No extra food sales are allowed without the purchase of a reimbursable meal (Mississippi Department of Education State Board Policy code 2002) with the exception of milk, ice cream and water.

Parent/legal guardians are responsible to fund student’s meal accounts for all purchases. Our software will not allow student meal accounts to go into the negative for second meal and extra food purchases. A My School Bucks .com account can be set up to view student purchases and balances for FREE. IF you fund meal accounts with My School Bucks.com there is a minimum charge.

It is not the responsibility of Child Nutrition employees to monitor student’s purchases. Processing this request form requires a 48 hour turn around.

<table>
<thead>
<tr>
<th>Student’s Name (Print)</th>
<th>Student’s School</th>
<th>Student’s Grade</th>
<th>Student’s Lunch #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.____________________</td>
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<td>2.____________________</td>
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<td>4.____________________</td>
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</tr>
</tbody>
</table>

I read and agree with all the above statements:

Parent/Guardian
Signature________________________________________

Parent/Guardian
Name (Please Print)________________________________________

This institution is an equal opportunity provider.

Please send the completed form by fax, email or deliver to:

Gayle Schultz
2300 Government Street
Ocean Springs, MS 39564
228-875-2880/ 228-875-7708 Fax
gschultz@ossdms.org

Date Received _____________

Date Processed _____________

Processed by _____________