

**Ocean Springs Schools 2300 Government St. Ocean Springs Ms. Child Nutrition Dept. 39564  
Extra Food Purchases from Student Meal Accounts Permission Form**

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.

Student's Name (Print)	Student's School	Student's Grade	Student's Lunch #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**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@osdms.org**

Date Received _____
Date Processed _____
Processed by _____