



Student Meal Program Enrollment Form



The purpose of this document is to create Student Meal Program (SMP) Account information. Once the information is captured and a parent/guardian signature is obtained, NEX will enter the data into Horizon OneSource. A separate form must be filled out for each individual student. Submit completed forms back to your school's cafeteria (Japan), local customer service desk (Rota, Sigonella), or residential services (Naples) to complete enrollment. Once your child is enrolled and you receive your PIN, you are eligible to register on MyPaymentsPlus. **Incomplete forms will not be accepted.**

Student Information

Child's First Name, MI, and Last Name: _____

Student DoDEA ID#: _____

*DoDEA ID# can be found on School Registration paperwork, class schedule, or Report Card

Grade: _____

Student previously enrolled in the ___ Yes ___ No

SMP within the last year: If yes, what location? _____

Sponsor Information

Sponsor Name & DoD ID Number: _____

Sponsor Phone Numbers: Work: _____

Cell: _____

Home: _____

Sponsor's Email: _____

PSC FPO Address _____

Sponsor's Command Information: Command: _____

Department OIC: _____

Department OIC Phone #: _____

Department OIC E-mail: _____

By signing this form, I consent to entering my child's information into the Horizon OneSource database for participation in the NEX school lunch program. I agree to maintain a positive account balance, ensuring my child will receive meals in the school cafeteria at no additional cost to NEX. I acknowledge that my child may not be declined a meal even if my account has a zero or negative balance and that I remain financially responsible for all meals served to him/her. I further acknowledge that the NEX may use any means available to collect my account if it has a negative balance, including but not limited to, DoD wage garnishment procedures. All payments to student accounts can be made free of charge at www.mypaymentsplus.com. Additional features of this site include low balance notifications and automatic debits to ensure that your child's account maintains a positive balance.

Sponsor Signature: _____

Date: _____

NEX Use Only

Date Completed: _____

Completed by: _____

Date Confirmation Sent: _____

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. §552a, Records Maintained on Individuals; 5 U.S.C. §301 Departmental Regulations; and 10 U.S.C. §5013 Secretary of the Navy.

PRINCIPAL PURPOSES: For correct name, home and cell phone numbers, email address, DoDEA and DoD ID numbers to process enrollment in Student Meal Program.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the particular Government agency responsible for collection for routine uses pursuant to 5 U.S.C. 552a(b)(3) and Government agency "blanket routine uses."

DISCLOSURE: Voluntary. However, failure to provide the requested information may preclude participation in this program. Disclosure of information is treated as "For Official Use Only – Privacy Sensitive." Any misuse or unauthorized disclosure may result in both civil and criminal penalties. Loss of this document must be reported immediately and all individuals notified that their information has been lost, stolen, or compromised.