

## Religious Statement for Student Requiring Special Meals Due to Religious Preference

Student Name:	District/School:
Birth Date:	School Contact Name:
Parent Name:	School Attending:
Address:	School Address:
Telephone:	School Telephone:

### For Parent/Legal Guardian Use:

#### Diet Change Requested Due to: (please check box that applies)

Religious Preference  
 Other: Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Omitted Foods and Substitutions:

List the specific food (s) to be omitted and food (s) that may be substituted. The school is not required to provide substitutions; however, the school has the option of doing so only when appropriate substitutions are indicated by parent, and permitted by administration in head of the school's dietary department.

Omitted Foods:	Substitutions:
_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the school staff to follow the above stated nutrition plan.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date