

## Students with Special Dietary Needs: Religious/Cultural Restriction Form

School Year \_\_\_\_\_ - \_\_\_\_\_

By signing this document I acknowledge that my child follows a special diet due to religious/cultural preferences. Please complete this form to add a religious/cultural restriction on his/her meal account.

Name of Child:

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Religious/cultural restriction to be added to my child's meal account:

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Grade:

School Enrolled:

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Parent's Name:

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Parent's Signature:

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Date:

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Please submit this completed form by one of the following methods:

**Email:**  
oconnell\_s@milfordschools.org

**Mail:**  
Milford Nutrition Services  
1099 State Route 131  
Milford, OH 45150  
Attn: Shelley O'Connell  
Nutrition Coordinator

**Fax:**  
(513) 965-6159