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:

________________________________________________________________

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

Grade:                     School Enrolled:

__________________________________________

Parent’s Name:

____________________________________

Parent’s Signature:

____________________________________

Date:

____________________________________

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