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: reynolds_t@milfordschools.org

Mail: Milford Nutrition Services
1099 State Route 131
Milford, OH 45150
Attn: Tina Reynolds
Nutrition Coordinator

Fax: (513) 965-6159

This institution is an equal opportunity provider.

Revised 1/30/20