

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: Edwards_e@milfordschools.org	Mail: Milford Nutrition Services 1099 State Route 131 Milford, OH 45150 Attn: Elora Edwards Assistant Director of Nutrition Services	Fax: (513) 965-6159
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