



DeSoto County Schools Office of Child Nutrition

325 Kapik Drive · Hernando, MS 38632
662-429-7267 · Fax 662-449-7234 · Website: www.desotocountycn.org

Alex Hallmark, RN, RD
Director of Child Nutrition

Religious Statement for Special Diets

PART I

Date: _____

Name of Student: _____

Name of School District: DeSoto County Schools

School Attended by Student: _____

- Check box if you would like to speak with the Registered Dietitian on staff at the Child Nutrition Department about menu planning and possible substitutions for your child.

Contact Name _____ Contact Number _____

PART II *(To be filled out by a Minister or other Head Authority in Religious Denomination)*

Student's Name: _____ Age: _____

Diagnosis: _____

Quote or list the religious belief that restricts the student's diet: _____

List food(s) to be omitted from diet and food(s) that may be substituted: _____

DATE

SIGNATURE of Religious Authority