

## 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:

<p><b>Email:</b> reynolds_t@milfordschools.org</p>	<p><b>Mail:</b> Milford Nutrition Services 1099 State Route 131 Milford, OH 45150 Attn: Tina Reynolds Nutrition Coordinator</p>	<p><b>Fax:</b> (513) 965-6159</p>
--	---	---------------------------------------