



Patrice Williams, RDN, LDN
Child Nutrition Program
3000 N. Sherwood Forest Dr. Bldg. A
Baton Rouge, LA 70814

SPECIAL DIET REQUEST for RELIGIOUS REASON

School: _____ Date: _____

Student's Name: _____ DOB: _____
Please Print

Parent's Name: _____ Parent's Cell: _____
Please Print

Work: _____

Home: _____

SPECIAL DIET REQUESTED FOR RELIGIOUS REASONS: (Please state the particular menu items your child cannot eat due to religious reasons.)

My Child Cannot Eat:

1. _____
2. _____
3. _____

Parent/Guardian Signature

Date

Please fax this request to: 225-275-2298

Patrice Williams, Special Diets Mgr.
Child Nutrition Program Office
Fax: 225-275-2298
Office: 225-226-3624
Email: fwilliams7@ebschools.org