



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@eb schools.org](mailto:fwilliams7@eb schools.org)