



Fatrice Williams, RDN, LDN

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

## RELIGIOUS REASONS DIET REQUEST

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**

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