



EAST BATON ROUGE  
PARISH SCHOOL SYSTEM

Child Nutrition Program  
3000 N. Sherwood Forest Dr.  
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**

Cecile Grisby, Special Diets Mgr.  
Child Nutrition Program Office  
Fax : 225-275-2298  
Office : 226-3612