



EAST BATON ROUGE
PARISH SCHOOL SYSTEM

Cecile Grisby, AAS, BS
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: 225-226-3612

Email: cgrisby@ebrschools.org