



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: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

### **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**

Fatrice Williams, RDN, LDN,  
Purchasing Specialist  
Child Nutrition Program Office  
Office: 225-226-3624  
Email: [fwilliams7@ebrschools.org](mailto:fwilliams7@ebrschools.org)