



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: _____

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 225-275-3801

Bryant Thrasher, MS, RDN, LDN,
Registered Dietitian
Child Nutrition Program Office

Office: 225-226-3793
Email: BThrasher1@ebschools.org