



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,
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Child Nutrition Program Office
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