

Students with Special Dietary Needs: Religious/Cultural Restriction Form

School Year _____ - _____

By signing this document I acknowledge that my child follows a special diet due to religious/cultural preferences. Please complete this form to add a religious/cultural restriction on his/her meal account.

Name of Child:

Religious/Cultural restriction to be added to my child's meal account:

Grade:

School Enrolled:

Guardian Name:

Guardian Signature:

Date:

Please submit this completed form by one of the following methods:

Email:
tiastraus@foresthills.edu

Mail:
Forest Hills Food Service
7550 Forest Road
Cincinnati, OH 45255
Attn: Tia Straus
Food Service Supervisor

Phone:
(513) 231-3215