



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:

Parent's Name:

Parent's Signature:

Date:

Please submit this completed form to:

Mail:

West Clermont
Child Nutrition
4357 Ferguson Rd
Cincinnati, OH 45245
Attn: Tiffany McCleese
Child Nutrition Director

Email:

mccleese_t2@my.westcler.
org

Phone: (513)
943-5038