



Parent/Guardian: Please turn in this form to the **nurse** at your child's school. The nurse will then inform school staff and the Office of Food & Nutrition Services (OFNS) of your child's needs.

Nurse: Fax form to (202) 442-5634 or scan to food.dcps@dc.gov

**** OFNS will not honor dietary accommodations forms with incomplete information ****

STUDENTS WITH PHILOSOPHICAL OR RELIGIOUS DIETARY NEEDS FORM School Year 2015-2016

1. Name of Student	2. Student ID Number (if known)	3. Date of Birth
4. School		5. Grade/Homeroom
6. Name of Parent/Legal Guardian		7. Telephone Number ()
<p>8. The above listed student does not have a disability, or a medical dietary need, but is requesting dietary accommodations for religious or philosophical reasons. This form is not intended to accommodate student taste preferences. It is up to the discretion of DCPS as to whether they are able to accommodate students' requests made using this form.</p> <p>This written statement will remain in effect until the end of the school year it is received. The student's parent or legal guardian must sign this form.</p>		
9. Special diet or dietary instructions including foods to be omitted (if applicable):		
10. <input type="checkbox"/> Check if student participates in afterschool programming where DCPS snack or supper is provided and accommodations are needed.		
11. Signature of Parent/Legal Guardian	12. Printed Name of Parent/Guardian	13. Date

Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.