



Milk Substitution & Philosophical Dietary Accommodations Form

If your student requires a milk substitution related to lactose intolerance or requires a special meal related to religious/philosophical food preferences, this form must be completed and emailed to DCPS Food and Nutrition Services (FNS) at: dietary.forms@k12.dc.gov. A new form must be submitted each time a dietary change is requested. This form is not intended to accommodate student taste preferences.

Note: FNS does not offer any pork or pork products at any DCPS school.

This form **does not require** a Medical Practitioner's signature.

Section A- Must be completed by the Parent/Guardian

Name of Student _____ Student's ID _____ Grade _____

School Name _____ Teacher's Name _____

Does your student typically eat school provided meals? Yes No

If yes, which meals provided by FNS will your child eat?

Breakfast Lunch Afterschool

In addition, which days will your child most likely eat with FNS?

Monday Tuesday Wednesday Thursday Friday

Section B- Must be completed by the Parent/Guardian

Does your student have a medical dietary need? Yes No

If Yes, please complete the **Medical Dietary Accommodation Form**. If No, please complete this form.

Do you have any food preferences related to religious/philosophical beliefs?

Yes No

If yes, does your student require a vegetarian or vegan meal?

Vegetarian Vegan

If you have other preferences, please explain:

Will this student require a milk substitution?

Yes No

If yes, please indicate: Lactose Free Milk or Soy Milk

(note: Lactose Free and Soy Milk is the only milk alternative that FNS can accommodate)

I certify that the above-named student needs special school food as described above,

Parent/Guardian Signature _____ **Phone Number** _____

Email Address _____ **Date** _____ **Best time of day to contact you:** _____



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Food & Nutrition Services

If received by School Staff, please scan and email to: Dietary.Forms@k12.dc.gov

For district staff only:

Dietitian Name: _____

Contact date: _____