



Milk Substitution & Philosophical Dietary Accommodations Form

Please submit this form by email (dietary.forms@k12.dc.gov) or turn it in to the cafeteria manager. A new form must be submitted each time a dietary change is requested. This form is not intended to accommodate student taste preferences nor deviate from the USDA Child Nutrition Program meal pattern.*

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 Date of Birth _____ Grade _____

School Name _____ Student ID _____ 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, Dairy and Egg Products allowed Vegan (No Animal Products)
 Vegetarian, No Egg Products
 Vegetarian, No Dairy Products

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: _____

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

For district staff only: Dietitian Name: _____

Contact date: _____

*Meat/meat alternate, Milk (or approved substitute), Whole Grain, Fruit, and Vegetable