



**LEE COUNTY SCHOOLS
Child Nutrition Department**

Mr. Coke Magee, Superintendent

Religious Statement for Dietary Modification

Part I: To be filled out by School District/School/Organization/Sponsor

Date: _____

Name of Student: _____

Address: _____

Date of Birth: _____

Name of School District: LEE COUNTY SCHOOLS

School/Provider/Center Name: _____

School/Provider/Center Address: _____

Part II: To be filled out by a Minister or other Head Authority in Religious Denomination

Name of Student: _____ Age: _____

Quote or list Religious Belief, Law, Cannon, or Parable that restricts the student's diet:

List the food(s) to be omitted from the student's diet based on the answer given above: _____

List the food(s) that may be substituted based on the answer given above: _____

Signature of Religious Authority

Date