

Religious Statement

Part I *(to be completed by school district)*

Date _____

Name of School District _____

Name of Student _____

Address _____

Date of Birth _____

School Name _____

School Address _____

Part II *(to be completed by a minister or other head authority in religious denomination)*

Name of Student _____ Age _____

Quote or list the religious belief or church law that restricts the student's diet

List the food(s) that should be omitted from the child's diet and food(s) that may be substituted based on the answer given above _____

_____ Date

_____ Signature of Religious Authority