

## Personal Beliefs Diet Request Form



Fresno Unified  
School District

*Preparing Career Ready Graduates*

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

Due to religious or personal beliefs, my child needs to receive a meal without any of the following ingredients:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Relation to student

\_\_\_\_\_  
Contact Phone Number