



Fresno Unified
School District

Preparing Career Ready Graduates

Special Diet Cancellation Form

Date

School Site

Student Name & ID #

Dear School Cafeteria and Nurse Office,

My student, _____, does not need a special diet lunch. Please cancel the special diet and change the meal to a regular diet as soon as possible. If you have any questions or concerns, please call me.

Thank you,

Signature

Relation to Student