

# **CHILD NUTRITION PROGRAM**

“Improved student performance with good nutrition”

## **RELIGIOUS STATEMENT FOR SPECIAL DIET**

### **Part I**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of School District: Houston School District

School Attended by Student: \_\_\_\_\_

### **Part II (To be filled out by a Minister or other Head Authority in Religious Denomination)**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Quote or list the religious Belief of Church Law or Canon that restricts the student's diet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List food(s) to be omitted from diet and food(s) that may be substituted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Religious Authority

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