

Meal Modification Form (Non-Medical)

School Food and Nutrition Services of New Orleans, Inc.

2026–2027 School Year

Please submit all completed forms to pfreeman@schoolcafe.org or to your school's cafeteria manager.

Student Information

Student Name: _____

School: _____

Grade: _____

POS ID #: _____

Date of Birth: _____

Parent/Guardian Information

Name: _____

Phone Number: _____

Email: _____

Important Information

- This request is not related to a medical disability or food allergy.
- Requests are based on personal, cultural, or religious preferences.
- If your child has a medical condition or food allergy, you must complete a **Medical Statement for Meal Modifications in School Nutrition Programs** form signed by a licensed healthcare provider. Please obtain this form on our website at schoolcafe.org or through your school's cafeteria manager.
- **School Food & Nutrition Services will make reasonable efforts to accommodate requests but cannot guarantee all preferences will be met.**
- **A lactose-free, nutritionally equivalent 1% chocolate milk will be offered as the milk substitute. Juice and water are not offered as milk substitutes for free but are available for purchase daily.**

Dietary Preference Request (Non-Medical, Non-Allergy)

Please check all that apply:

- Vegetarian (no meat)
- Vegan (no animal products)
- No Pork
- No Beef
- No Milk** (non-medical)
- No Eggs (non-medical)
- No Seafood
- Halal Preference
- Other (please specify): _____

**A lactose-free, nutritionally equivalent 1% chocolate milk will be offered as the milk substitute. Juice and water are not offered as milk substitutes for free but are available for purchase daily.

Parent/Guardian Acknowledgment

I understand that this request is for a non-medical dietary preference and may not always be accommodated. I also understand that a medical provider's form is required for any allergy or disability-related diet modification.

Parent/Guardian Signature: _____

Date: _____

For Office Use Only

Date Received: _____

Processed By: _____

Notes: _____

Please contact SFNS Nutrition Coordinator, Paige Freeman, if you have any questions.

Phone Number: (504)596-3444

Email: pfreeman@schoolcafe.org

