

Cleveland Metropolitan School District  
Food and Child Nutrition Services  
**Request for Meal Substitution for  
Religious Reasons**

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

For religious reasons, \_\_\_\_\_

who attends \_\_\_\_\_ School

Does not eat any products containing (check appropriate item(s):

\_\_\_\_\_ PORK

\_\_\_\_\_ BEEF

Please give completed signed form to Cafeteria Manager

\_\_\_\_\_  
Parent or Guardian Signature

\*Form must be submitted each school year.