

# Galt Joint Union Elementary School District Food & Nutrition Department

## Request for Vegetarian/Meat Alternative Meal Accommodations

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's Meal Choice Alternative:

Vegetarian

No Pork

No Beef

Signature of Parent or Guardian: \_\_\_\_\_

\*\*\*For this purpose, parent or guardian may request meat alternatives due to non-medical needs.

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