



Reynoldsburg City Schools Food Service  
**Lunch Program Special Request Form**

Student Name \_\_\_\_\_

ID Number \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

**My child has:**

\_\_\_\_\_ **Dietary Restrictions**

Please explain:

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\_\_\_\_\_ **Food Allergy**

(Please attach a doctor's note that identifies the medical or special dietary condition including specific omissions & substitutions.)

List Allergies:

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Comments: \_\_\_\_\_

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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_