

## Fort Bend ISD Child Nutrition Department Dietary Accommodations Discontinuation

PARENT/LEGAL GUARDIAN	
All fields must be completed. The FBISD Child Nutrition Department shall not accept incomplete forms. Write "n/a" if field not applicable.	
Student's Name:	Student ID #:
DOB (mm/dd/yyyy):	Name of School:
Grade Level:	Teacher Name/Classroom:
Parent(s) Name:	
Parent Phone Number:	Parent E-mail:
Previously prescribed dietary accommodations:	
All dietary accommodations listed above be discontinued. Alert on students account will be removed.	
Parent/Guardian Signature:	Date:

**Please return to: Fort Bend ISD Child Nutrition Department**  
**Fax: 281-634-1862 attn: Dietitian OR by Email: [DLCNDSpecialDiet@fortbendisd.com](mailto:DLCNDSpecialDiet@fortbendisd.com)**

*Please note that cafeteria managers are unable to process any documents.*

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