Merced City School District
Department of School Nutrition Services
933 West 15th Street
Merced, CA 95340
Office: (209) 385-6654 FAX: (209) 385-6781

Mary Williams, Interim Director

Meal Preference Form

To accommodate students that require non-medically certified dietary needs due to religious and/or cultural beliefs, the School Nutrition Department can make substitutions on the daily menu, when possible.

Please return this completed form to the Cafeteria Manager at your child's school site. A physician's signature is not needed.

Name of Student _____Student's ID _____ Grade _____

School Name _____Teacher's Name_____

List any food preferences to avoid due to Religious and/or Cultural Belief:_____

_____

Parent/Guardian Signature_____ Daytime Phone Number_____

Email Address_____ Date_____