



MILK ALTERNATE PARENT REQUEST FORM

SHARYLAND ISD 2026-2027

This form is to be completed by a parent or guardian requesting an alternative milk option for a student due to dietary needs or intolerance. This form applies to Lunch only and a physician's signature is not required for this request.

Name of Student: _____ DOB: _____

School: _____ Teacher: _____ Grade: _____

Student ID Number: _____ Parent Phone Number: _____

This form applies only to fluid milk alternatives and does not eliminate all dairy products. To eliminate all dairy products from a student's meal a completed Special Diet Request Form, must be submitted and signed by a medical authority.

Alternative Milk Request: Please select one of the following milk alternatives to be provided with your student lunch meals:

☐ Soy Milk

☐ Lactose-Free Milk

Other Milk Alternate: _____

Reason for Request: _____

Parent/Guardian Consent:

I acknowledge that this request is for the 2026–2027 school year and must be renewed annually. I understand that the selected milk substitute will be provided in place of regular cow's milk with school lunch meals.

Parent Name /Parent Signature

Date

This institution is an equal opportunity employer