

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DIVISION**

***Parent/Guardian Statement to Discontinue a Special Diet***

**Directions:**

1. The parent/guardian of a child who is currently receiving a special diet, but no longer requires the special diet, can complete section A of this form to discontinue the diet.
2. Parent returns the completed form to the Food Service Manager at the child's school.
3. The Food Service Manager completes section B, scans and emails form to [specialdiet@lausd.net](mailto:specialdiet@lausd.net).
4. The Food Service Manager discontinues the special diet.

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|--|--|---|
| <b>A. Parent/Guardian: Complete boxes 1-5 (<i>Padre/Tutor: Complete recuadros 1-5</i>)</b>   |  |   |
| <b>1. Student Last Name</b><br><i>(Apellido de estudiante)</i>   | <b>2. Student First Name</b><br><i>(Nombre del estudiante)</i> | <b>3. Date of Birth</b><br><i>(Fecha de nacimiento)</i> |
| <p><b><i>Parent/Guardian Statement (Declaración del padre/tutor) :</i></b></p> <p>My child no longer requires a special diet. <i>Mi hijo ya no requiere una dieta especial.</i></p> <p>My child <b>CAN HAVE food</b> from the standard menu. <i>Mi hijo puede comer comidas del menú estándar.</i></p> |  |   |
| <b>4. Parent/Guardian Signature</b> <i>(Escriba en letra de molde el nombre de los padres/tutores)</i>   |  | <b>5. Date</b> <i>(Fecha)</i>                           |

|   |                     |  |   |
|---|---------------------|--|---|
| <b>B. Food Services Manager (FSM): Complete boxes (6-9)</b> |                     | <b>6. FSM Name</b>                         |   |
| <b>7. School Name</b>                                       | <b>8. Loc. Code</b> | <b>9. Region: Circle</b><br><b>N S E W</b> | <b>10. Cafeteria Phone No.</b><br>(     ) _____ - _____ |

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