



**Olentangy Local Schools Food Service  
Lunch Program Special Request Form**

**Name** \_\_\_\_\_

**ID Number** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**My child is NOT permitted to use his/her debit card to purchase:**

\_\_\_\_\_ **Breakfast**

\_\_\_\_\_ **Extra Lunch Items- for example, ala carte juices, extra milk, second helpings, and bottled water (snacks are not included in this selection because they are a cash only purchase)**

**My child has:**

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

**Please explain:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **A Food Allergy (Please attach a Dr. note that identifies the medical or special dietary condition including specific omissions & substitutions.)**

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