



FOOD AND NUTRITION SERVICES
Fairfax County Public Schools

Dietary Accommodation Discontinuation Form

Please submit this form to dietary.forms.fns@fcps.edu

SECTION A - MUST BE COMPLETED BY THE PARENT/GUARDIAN

Student Name: Last	Student Name: First	Student Name: Middle	Date of Birth
School Name		Student ID	Grade
Parent/Guardian Name (printed)			
Parent/Guardian's Signature			
Email			Date
Cell Phone Number		Home Phone Number	

SECTION B - MUST BE COMPLETED BY THE PARENT/GUARDIAN

Has your student's dietary accommodation on file changed? Yes No

If your student needs accommodations, including new additions, please complete the [Medical Dietary Accommodation Form](#).

If your student no longer needs dietary accommodations from Food and Nutrition Services, please sign below.
This document will be kept on file under the student's profile for record keeping.

I certify that the above-named student does NOT need accommodations from Food and Nutrition Services.

Parent/Guardian's Name (printed) _____

Parent/Guardian's Signature _____ **Date** _____

This institution is an equal opportunity provider.