



FOOD AND NUTRITION SERVICES  
Fairfax County Public Schools

### Milk Substitution Form

Please submit this form to [dietary.forms.fns@fcps.edu](mailto: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**

Does the student have food allergies?  Yes  No

If yes, please complete the [Medical Dietary Accommodation Form](#).

If the student needs a milk substitute due to lactose tolerance or philosophical/cultural dietary preferences, please select the preferred milk below:

Lactose-Free Milk  Oat Milk

**Please note that we offer daily plant-based and plant-forward options that are suitable for Halal and Kosher Diets.**

**I certify that the above-named student needs the accommodation described above,**

Parent/Guardian's Name (printed) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

This institution is an equal opportunity provider.