

Student Name	
Date of Birth	
Date of Agreement	

Reason for Parental request for Food Plan substitutions, please describe:

____ Medical:

____ Religious:

____ Personal:

Star Express Food Services has agreed to make the following menu substitutions:

*to confirm substitutions, parents must contact Assistant Director of Food Services at 317-803-5050

The parent has agreed to provide the following menu substitutions and sign the SAFE TRANSPORTATION OF FOOD RESPONSIBILITY agreement. This can be found here:

https://www.in.gov/fssa/files/Food_Transportation-2.pdf:

Parent Signature: _____

*In addition to this form, parents must submit the safe transportation of food responsibility form if sending food. If for medical reason, please provide a doctor's note.

