GreatHearts® Texas

Great Hearts Texas
Child Nutrition Department

REQUEST TO DISCONTINUE MEAL ACCOMMODATIONS

Allergy or Intolerance

If a Meal Accommodation is due to a DISABILITY or IEP/504,
please submit a new Meal Accommodation form to add, modify, or cancel any accommodations.

Student Name: _____ Student ID: _____

School: _____ Date of Birth: _____

Grade: _____

Parent Name: _____ Phone Number: _____

Email: _____

Comments:

Choose **ONE**:

☐ Please remove the accommodation for fluid milk **ONLY**.

or

☐ Please remove **ALL** meal accommodations on file for this student.

By signing below, I understand that all dietary accommodations, as indicated above, will be discontinued and any allergen, and related alerts, on a student's meal account will be removed. I also understand that a new Meal Accommodation form, dated after this form, will be required to reinstate any accommodations.

Parent/Guardian Signature: _____ Date: _____

Return form to your campus front desk or to Meals@GreatHeartsTXSchools.org