



# Tri-County Head Start Modified Meal Form

Name of Student (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Mi) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_

Center \_\_\_\_\_

Classroom/Teacher \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Reason for Menu Modification:

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The Menu Modification:

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Dates for the Menu Modification:

\_\_\_\_ Entire School Year

\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Center Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Cook Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Nutrition Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_