



School District of Monroe

Milk Substitute Request

Student Name: _____ Birthdate: _____

Grade: _____ Homeroom: _____ School: _____

A new milk form will need to be completed each school year for your child to receive a milk alternative at school.

ACCEPTABLE MILK SUBSTITUTES

Please choose One

- _____ **Vanilla Soy Milk**
- _____ **Chocolate Soy Milk**
- _____ **Lactose Free Milk**

Parent/Guardian Signature: _____ **Date:** _____

Phone Number: _____

NON-ACCEPTABLE NON-DAIRY MILK SUBSTITUTES

Beverages that do not meet or exceed the level of nutrients found in cup of cow's milk, for example almond, cashew, coconut, hemp, oat, and rice milks, water and juice, cannot be served as a milk substitution unless a valid medical statement for a disability is on file.

Please complete the medical statement for special dietary needs PI-6314 found on the School District website.

PLEASE FORWARD ALL COMPLETED MILK REQUESTS TO THE FOOD SERVICE DIRECTOR:

Eric Ekum

Ericekum@monroe.k12.wi.us

608-328-7260

925 - 16th Avenue Suite 3 Monroe, WI 53566