



Seaford School District

Seaford, Delaware

390 NORTH MARKET STREET EXTENDED
SEAFORD, DELAWARE 19973
Phone (302) 629-4587 Fax (302) 629-2619

OFFICE OF NUTRITION SERVICES
MR. WILLIAM MENGEL, SUPERVISOR

To the parents of:

Dear Parent/Guardian:

RE: Milk Alternative

As per Federal Regulation, we are required to offer students who cannot have regular milk a milk alternative that is nutritionally the same as milk. The milk alternative will be high in calcium and other vitamins and minerals just like regular milk. It is the goal of the Nutrition Services Department to promote good student health by providing nutrient rich choices for students who are not able to have milk.

Due to documentation received by the school nurse, the school cafeteria has been advised that your student is:

Allergic to milk products and therefore will be offered Soymilk

Lactose intolerant and therefore will be offered Lactose-Free Milk

Special Request/Other milk alternative List here: _____

Please mark the line below to accept or decline the milk alternative. The special request/other milk alternative selection you list may not be nutritionally the same as milk and will be reviewed by our Registered Dietitian if accommodation can be made. Please sign, date the letter, and return it to the school cafeteria.

Thank you for your cooperation and if you have any questions please call Donna Trader, MS, RD, LDN in the Nutrition Services Department at (302) 629-4587.

I DO want my child to be given the milk alternative

I DO NOT want my child to be given the milk alternative

_____ Parent Signature

_____ Date

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