



205 Granada Ave, SF, CA94112  
415-516-8121

---

## Cultural Diversity Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_

Child's Religious Preference: \_\_\_\_\_

Please indicate any types of food should be avoided given your child's religious preference and/or cultural belief:

---

---

---

Please indicate any other actions, etc that should be avoided given your child's religious preference and/or cultural belief:

---

---

---

Is there anything that our school can do to help your kid with regard to their religious preference and/or cultural belief?

---

---

---

Is there anything our school should know about religious preference and/or cultural belief? (i.e: cultural holidays, etc).

---

---