



ELEMENTARY SCHOOL LUNCH ROOM TABLE PREFERENCE

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____

School: _____ Grade: _____

I understand it is my responsibility to renew this form before each school year and any time my child's medical needs change.

TO BE COMPLETED BY PARENT OR GUARDIAN

For students who have a life-threatening allergy, Arlington Heights School District 25 will provide an allergen-aware table at lunch.

- If you request an allergen-aware table, staff will reserve a seat for your child at an allergen-aware table.
- If you wish to change your preference, submit a written notification.
- Please note that your child will sit at the allergen-aware table until this form is returned.

I give permission for my child to sit at the: allergen-aware table regular lunchroom table

Parent/Guardian Signature: _____ Date: _____