Glen Ellyn School District 41

Ignite passion. Inspire excellence. Imagine possibilities.

793 North Main Street, Glen Ellyn, IL 60137



Lunchroom Table Preference Form

Date:	
For students who have a life-threatening food allergy, we table at lunch. Please sign and return this notice to the I you would like your child to be seated at lunchtime. If you preference, we ask that you send us a written notification	Health Office indicating where you wish to change your
Please note that your child will sit at a regular lunchroom	m table until this form is
Thank-you,	
D 41 Health Offices	
Please indicate which table you would like your c	hild to sit.
Designated peanut / tree nut-safe table Regular lunchroom table	
Student Name School:	Grade:
Parent Signature:	Date:
We make a difference. We embrace change together. We are a true tea	am of professionals. We build the future.

Glen Ellyn School District 41
793 N. Main St., Glen Ellyn, IL 60137
Phone 630.790.6400 Fax 630.790.1867 www.d41.org