

**CORPUS CHRISTI CATHOLIC SCHOOL  
2020-2021 SCHOOL YEAR  
LUNCH TABLE PREFERENCE LETTER**

Dear Parent of \_\_\_\_\_

Your child has a food allergy. Please check the preferred box for the seating arrangement you would like for your child in the lunch room for this coming school year.

Please complete this form and return by the first day of school at the latest. It can also be turned in with any medication and action plan drop off prior to school starting.

Thank you for your attention to this.

Sincerely,

Maria Riccio and Beth Williamson

Student's Name \_\_\_\_\_

Peanut Free Table:

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_