



Date: 2026-27 School Year

Re: Nut Free Cafeteria Table Preference for Students in Grades K - 4

Dear Parents:

You have informed us that your child, _____ has a nut allergy. A nut free cafeteria table is available for your child's safety at lunchtime. Please indicate your intentions regarding your child sitting at the Nut Free table. Remember, your child can invite a friend to sit with them at this table as long as the friend is buying lunch from the cafeteria and has not brought any additional food from home.

Please check the appropriate statement indicating your intentions.

_____ My child is to sit at the Nut Free table daily.

_____ My child does not need to sit at the Nut Free table.

Parent Signature: _____ Date: _____

Please note that any child with a nut allergy will be required to sit at the nut free table unless we have received written notification that it is not necessary.