

Thank you for your cooperation!

30-15 29th Street Astoria, NY 11102 TEL: 718.956.2760 FAX: 718.956.2765

PRINCIPAL-Dora Danner ASSISTANT PRINCIPAL-Peggy Papathomas ASSISTANT PRINCIPAL-Panayiota Karaiskos

September 2022

Dear Parent/Guardian,	
Please take a moment to fill out and return the document will be forwarded to the nurse.	nis form to your child's teacher. A copy of this
Child's Name:	Class:
Parent Name:	Telephone:
Parent/Guardian Signature:	
Please list any food allergies that your child m	nay have. If none, please write "NONE".
	y have (i.e. Beef, pork, etc.). If not applicable,