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SJA School Lunch Program

The following information is needed for children participating in the school lunch program. Please be specific, especially when it comes to food allergies, thank you.

Child's Name: _____ Date: _____

Food Allergies: _____

Food Intolerances: _____

Food Dislikes: _____

Gluten Free? Yes / No Any medical condition that requires a special diet? Yes / No

If yes, what type of diet? _____

What type of desserts are approved for your child? Regular / Sugar Free / Dairy Free

Parent's Signature: _____ Phone #: _____