

## MPES Birthday Celebration Treat Snack Approval

Please complete this form in order to receive approval:

Student name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Homeroom teacher: \_\_\_\_\_

Date of snack: (form must be turned into the teacher 1 week before requested snack date): \_\_\_\_\_

*Item to be purchased by parent: (\*\*must be store bought/ingredients listed on container, nut free and from a nut free facility )*

Parent Contact Number: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

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### **For Teacher Use Only:**

\_\_\_\_\_ # of snacks needed

\_\_\_\_\_ Approved \_\_\_\_\_ Denied/Reason \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_