

## 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 )*

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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: \_\_\_\_\_