

**CHESAPEAKE PUBLIC SCHOOLS**  
**CLASSROOM BIRTHDAY SNACK ORDER FORM**

Dear Parent or Guardian:

Are you interested in purchasing a classroom treat for your child's birthday? The following items are currently available through the Western Branch School Nutrition office:

1. 2 pack of 1 oz. cookies
2. Kellogg's Marshmallow Krispie Treat
3. Strawberry Ripple Ice Cream Cup

Please select the same item for all students in the classroom. School Nutrition Services reserves the right to make substitutions for students with known allergies. Orders must be submitted at least 2 weeks before the student's birthday. Payment can be made by cash or check. Payment **cannot** be made through MyPaymentsPlus.

Student's Name: \_\_\_\_\_ Birthday Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Room Number: \_\_\_\_\_ Number of Students in Classroom \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate the number of snacks:

\_\_\_\_\_ 2 pack of cookies @ \$.50  
\_\_\_\_\_ Kellogg's Rice Krispie Treat @ \$.75  
\_\_\_\_\_ Strawberry Ripple Ice Cream Cup @ .50

Date to be delivered to classroom: \_\_\_\_\_

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**To Be Completed by School Nutrition Manager or Lead**

Date order received: \_\_\_\_\_

Money received: Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Check Number \_\_\_\_\_

Snacks delivered to classroom: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Delivered By: \_\_\_\_\_