

# Birthday Treat Coupon

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**Student Name**

**Homeroom Teacher**

Birthday or date treat coupon will be used \_\_\_\_\_

Request must be made at least 3 days in advance and 1 treat per class per day.

**Choose 1 treat only: cookie or ice cream.**

**Class Count** \_\_\_\_\_ (get this number from the teacher)

\*\*\*Circle treat preferred below.\*\*\*

X .50 Each      **Cookie Cost** **Kinder & Pre k are cookies only**

X 1.00 Each      **Ice Cream Cost**

\$ \_\_\_\_\_ **Total Cost**

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**Parent Signature**

**Date**

**Parent Contact Number during the day:** \_\_\_\_\_

\*Send cash or check (Black Elementary) and this form to Alicia Campos, Cafeteria Manager. We do not take money from the students lunch account to pay for Birthday Treat Coupons.

\*For questions, contact Alicia Campos, at 281 320-7160.