

**SCHUYLKILL VALLEY SCHOOL DISTRICT**  
**FOOD SERVICE DEPARTMENT**  
**CLASSROOM CELEBRATION TREAT ORDER FORM**  
**2024 – 2025 SCHOOL YEAR**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Celebration \_\_\_\_\_

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

Teacher's Name \_\_\_\_\_

Treat Requested \_\_\_\_\_ Price Per Treat \_\_\_\_\_

Number of treats requested for students \_\_\_\_\_ for Teacher \_\_\_\_\_ Total \_\_\_\_\_

Amount due \_\_\_\_\_

CLASSROOM ALLERGIES \_\_\_\_\_

***Make checks payable to SVSD Cafeteria***

Please order treats at least 2 weeks in advance. **Any celebrations being held between May 15<sup>th</sup> and the end of the school year must be ordered no later than May 1<sup>st</sup>.**

***Teacher use:***

*What time do you want the treat?* \_\_\_\_\_

*Location- in classroom or lunchroom?* \_\_\_\_\_

*If there is an allergy- what would student like as substitute?*

\_\_\_\_\_

*Payment received* \_\_\_\_\_