

**Celebration Treat Order Form**

**Schuylkill Valley School District**

**Food Service Department**



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

**Date of Celebration** \_\_\_\_\_ **Teacher's Name** \_\_\_\_\_

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

**Treat Requested** \_\_\_\_\_ **Price per Treat** \_\_\_\_\_

**Number of treats requested for students** \_\_\_\_\_ **For Teacher** \_\_\_\_\_

**Total number of Treats** \_\_\_\_\_ **Amount Due** \_\_\_\_\_

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

**Forms of Payment- Cash or Check**

**Please 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>.**

**Payment Received** \_\_\_\_\_