



KLEIN ISD NUTRITION AND FOOD SERVICES

BIRTHDAY SNACKS ORDER FORM SY25-26

STUDENT NAME _____ REQUEST DATE _____ TIME _____

GUARDIAN NAME _____ PHONE _____

TEACHER NAME _____ ROOM NO. _____

ITEM	QTY	PRICE	TOTAL
CHOCOLATE CHIP COOKIE		\$0.35	
FROSTED BIRTHDAY COOKIE		\$1.10	
CHOCOLATE CHIP RICE KRISPIE		\$1.25	
STRAWBERRY SUNDAE ICE CREAM CUP (GLUTEN FREE)		\$1.50	
CHOCOLATE SUNDAE ICE CREAM CUP (GLUTEN FREE)		\$1.50	
CHERRY EMOJI FROZEN JUICE CUP (ALLERGEN FREE)		\$1.00	
OTHER			

**TREAT OPTIONS VARY BY CAMPUS

NOTES _____ GRAND TOTAL _____

RECEIVED BY MANAGER

NURSE APPROVAL