

Birthday Celebration Request Form

Celebrations will not take place until after 3:00 pm on the teacher-approved date. Acknowledgement: I understand that only prepackaged food and beverages are allowed. I agree to provide ingredient labels on packaging to ensure no homemade food is brought. I will not bring balloons, candles, or party decorations that disrupt the learning environment. Parent/Guardian Printed Name: Parent/Guardian Signature: Phone Number: Email Address: **********************************	Teacher:	Grade:	
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Phone Number: Email Address: ************************* Teacher Use Only Request Received Date: Teacher Approved Date for Celebration:	Parent/Guardian Printed Name:		
Phone Number: Email Address: ************************* Teacher Use Only Request Received Date: Teacher Approved Date for Celebration:	Parent/Guardian Signature:		
************ Teacher Use Only Request Received Date: Teacher Approved Date for Celebration:			
************ Teacher Use Only Request Received Date: Teacher Approved Date for Celebration:	Email Address:		
Request Received Date: Teacher Approved Date for Celebration:			
Teacher Approved Date for Celebration:	Teacher Use Only		
	Request Received Date:		
Teacher Signature: Date:	Teacher Approved Date for Celebration:		
	Teacher Signature:	Date:	
The teacher will notify the parent via telephone or email of the approved date for the celebration.	The teacher will notify the parent via telephone or	email of the approved date for the celebration.	
Date Office Notified:	Date Office Notified:		

The teacher will email the office (Secretary, Principal, and Assistant Principal).