

**FORT BEND INDEPENDENT SCHOOL DISTRICT
MHE Birthday Cupcake Form**

Campus: _____

Date Submitted: _____

Student: _____

Parent/Guardian: _____

All information required shall be provided: *Nutritional Information is required for cupcakes to be served. Failure to provide the nutritional information will result in denial of accepting the cupcakes. Store bought only* No homemade allowed.

Product Name	Individual Serving Size	*MUST HAVE Nutritional label attached:	Date	Time

Cupcakes provided purchased at _____.

Parent/Guardian name: _____

Daytime phone: _____ Evening phone: _____

IMPORTANT INFORMATION

***This form must be filled out before cupcakes are served to the students. Cupcakes will be served during the last 15 minutes of class. Drinks, snacks, candy or party favors will not be allowed.**

Parents are not allowed to participate during this activity. *

ATTACH LABEL:

Reviewed by: _____

(Principal)

