



RUNGE INDEPENDENT SCHOOL DISTRICT

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Dear Parent/Guardian,

At Runge Elementary School, we are committed to creating a safe, supportive, and engaging learning environment for all our students. From time to time, the need for administrative updates may arise as we work to improve our campus practices and align with district and state expectations.

One such update involves our procedures for student birthday celebrations. To preserve instructional time, protect student health, and ensure clear communication, we have developed a standardized protocol for scheduling and conducting birthday celebrations on campus.

Attached are the Birthday Celebration Protocols for Runge Elementary School, including a request form for parents and a permission slip for student participation. These procedures promote safety and consistency while allowing us to recognize and honor your child's special day.

We appreciate your understanding and cooperation as we continue to refine our practices for the benefit of our school community. If you have any questions or need support completing the attached forms, please do not hesitate to contact your child's teacher or the school office.

Thank you for your continued support of Runge ISD. Together, we can provide an exceptional experience for every child, every day.

Educationally Yours,

Hector O. Dominguez, Jr.
Superintendent



Birthday Celebration Protocol

Purpose: To provide consistent expectations for recognizing student birthdays while minimizing disruptions to instructional time and ensuring the safety and inclusivity of all students.

Advance Notice: Parents/guardians must notify the classroom teacher at least five (5) school days in advance if they would like to coordinate a birthday celebration. Celebrations not submitted within this timeframe may not be approved.

Instructional Integrity: Birthday celebrations may not interfere with instructional time, including core content delivery, enrichment blocks, or scheduled intervention periods. Celebrations are not permitted on days when state or district assessments are scheduled for the classroom or grade level.

Teacher-Approved Dates: Celebrations will be scheduled only on dates approved by the classroom teacher to ensure alignment with instructional and campus priorities. Approval of a date is at the teacher's discretion, based on the class schedule and student needs.

Campus Notification and Communication: Once a birthday celebration is approved, the teacher shall inform the campus office of the scheduled celebration date and time. The teacher shall notify all classroom parents/guardians in writing at least two (2) days in advance of the celebration. Notification must include details such as date, time, and any items being distributed.

Student Participation and Allergies: A parent permission form must be sent home and returned for each student to participate in the celebration. The permission form will include a disclosure about potential food allergies and an assurance that all items must meet safety requirements.

Food and Beverage Guidelines: Only store-bought, prepackaged food and beverages may be brought to the school for birthday celebrations. All items must be sealed in original packaging with ingredient labels clearly visible to ensure allergy safety. No homemade or unpackaged items will be permitted.

Important Note: Failure to follow these protocols may result in the denial of the celebration request. These guidelines are in place to ensure a safe, inclusive, and instructionally focused environment for all students.



Birthday Celebration Request Form

Teacher: _____ Grade: _____

Student Name: _____ Birthdate: _____

Requested Date for Celebration: _____

Description of Items to Be Provided: _____

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 Use Only

Request Received 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.

Date Office Notified: _____

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



Birthday Celebration Permission Slip

Date: _____

Dear Parent/Guardian,

Our class will celebrate _____ (student's name) birthday on _____ (date) with **prepackaged, store-bought treats**. To ensure the safety and well-being of all students—especially those with food allergies or dietary restrictions- we require your permission for your child to participate in these events.

Please complete the information below and return it.

Teacher Name: _____

Student Name: _____ Grade: _____

Parent/Guardian Consent

Please check on of the following:

_____ **YES**, my child **has permission** to participate in birthday celebrations at school.

_____ **NO**, my child **is not permitted** to participate in birthday celebrations at school.

Food Allergies or Dietary Restrictions

Please list any **known food allergies or dietary restrictions** your child has (e.g., peanuts, dairy, gluten, etc):

Emergency Contact Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____