

MATH KIT ASSIGNMENT FORM

PLEASE KEEP SORTING & MONEY TRAYS

CURRENT PLACEMENT:

SCHOOL

KIT #

(located on front of bin)

TEACHER (owner of position)

If you are an *L.T.O. Supply*, please print your name: _____

SEPTEMBER PLACEMENT:

- SAME AS ABOVE
- NEW SCHOOL LOCATION:

- NEW GRADE LEVEL: (Note: One Kit per Teacher) _____
- RETIRING/DO NOT NEED
- TO BE ANNOUNCED

**PLEASE RETURN
THIS FORM
* INSIDE *
MATH KIT**

KIT CENTRE USE ONLY:

Returned Same:

New Kit:

Order #: