

MATH KIT ASSIGNMENT FORM

PLEASE COMPLETE BOTH SECTIONS BEFORE RETURNING MATH KIT

CURRENT PLACEMENT

KIT #

(located on front of bin)

SCHOOL

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 COMPLETED FORM

*** INSIDE ***
MATH KIT

KIT CENTRE USE ONLY:

Returned Same:

New Kit:

Order #:

OVER →