MATH KIT ASSIGNMENT FORM

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

IMPORTANT

Please return this form INSIDE Math Kit

KIT CENTRE USE ONLY:

Returned Same:

New Kit:

Order #:

OVER →