

Room # \_\_\_\_\_  
Grade \_\_\_\_\_  
Teacher \_\_\_\_\_

## Request for Supplies

\*Where possible, please indicate type and amount needed.

- |                                   |   |
|-----------------------------------|---|
| 1. _____ Chalk                    | 13. _____ Scissors<br>*teacher _____<br>*student _____      |
| 2. _____ Chairs                   | 14. _____ Stapler   |
| 3. _____ Crayons                  | 15. _____ Stars   |
| 4. _____ Erasers for pencils      | 16. _____ Table   |
| 5. _____ Erasers for chalk board  | 17. _____ Tacks   |
| 6. _____ Glue                     | 18. _____ Tape<br>*masking _____<br>*clear _____            |
| 7. _____ Paper (specify @ bottom) | 19. _____ Waste paper basket                                |
| 8. _____ Paper clips              | 21. _____ Other<br>* _____<br>* _____<br>* _____<br>* _____ |
| 9. _____ Paste                    |   |
| 10. _____ Pencils                 |   |
| 11. _____ Pens                    |   |
| 12. _____ Pins                    |   |