

WOODS SCHOOL 2010-2011

CLASSROOM SUPPLY LIST FORM

Child safety issues please see Mr. Rowehl immediately

Date: _____

Room/Location: _____

Request by: _____

Items needed: Please check item, circle, or enter number needed of each item.

Desk/table Cleaner: _____

Facial tissue: _____

Dish Soap: _____

Hand Soap: _____

Instant Hand Sanitizer: _____

Microfiber Cloth: _____

Sponge (yellow): _____

Roll Towel: _____

Window Cleaner: _____

Is this an immediate safety issue?

Inspected by:

Work completed:

When form is completed, please drop off in the office

Thanks, Mr. Rowehl

Note: Please use one form for your request! For extra forms please come to the office.

Approved: _____

Pending: _____

Declined: _____