

U.S.A. School Supplies

www.usaschoolsupplies.com

School Information Form

Today's Date: _____

School Name: _____ School Phone: (____) _____

School Address: _____ School Fax: (____) _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Organization: _____ Title: _____

Contact Phone: (____) _____ Contact Fax: (____) _____

Contact E-Mail: _____

Teacher Supply Lists Enclosed for the Following Grades:

PreK K 1 2 3 4 5 6 7 8

➡ *A supply list for each grade in your school must be provided.* ⬅

Total School Enrollment: _____

Has your school ever participated in a school supply program? YES NO

If yes, Company _____ Number of Kits Ordered: _____

SPECIAL NOTES:

Please Fax to: (503) 722-8103
Phone: (503) 807-2220
sales@usaschoolsupplies.com

U.S.A. School Supplies Internal Use Only

Organization Name: _____

Organization Acct #: _____

Account Rep: _____