



TEACHER'S NAME \_\_\_\_\_

CLASSROOM # \_\_\_\_\_

## CHECKLIST OF MATERIALS

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> BACKPACK | <input type="checkbox"/> SCISSORS    |
| <input type="checkbox"/> CRAYONS  | <input type="checkbox"/> SHARPENER   |
| <input type="checkbox"/> ERASER   | <input type="checkbox"/> PENCIL CASE |
| <input type="checkbox"/> PENCIL   | <input type="checkbox"/> LUNCH BOX   |
| <input type="checkbox"/> RULER    | <input type="checkbox"/> MARKERS     |



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PREPARE FOR THE  
FIRST DAY OF SCHOOL!

EMERGENCY  
PHONE NUMBERS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_