

# BACK TO SCHOOL PLANNER

NAME \_\_\_\_\_

School:	Tel #:	Email:
Principal:	V-P:	Secretary:
Teacher:	Tel #:	Email:
First Day:	Start Time:	End Time:
Bus Driver:	Pick Up Time:	Drop Off Time:

Supplies Needed	Details	Where to Buy
Clothing		
Shoes		
Backpack		
Lunch Box/Bag		
Pencils/Pens		
Crayons/Markers		
Glue		
Scissors		
Notebooks		
Folders		
Binders		
Cases		
Electronics		