



## STUDENT'S SUPPLY LIST

Name : \_\_\_\_\_  
Grade : \_\_\_\_\_ (7, 8, 9)  
Room : \_\_\_\_\_ (A-Z)  
Student Number : \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>Notebook</b>	I don't have notebook.
<input checked="" type="checkbox"/>	<b>Glue</b>	I have glue.
<input checked="" type="checkbox"/>	<b>Scissor</b>	
<input checked="" type="checkbox"/>	<b>Paper</b>	
<input checked="" type="checkbox"/>	<b>Pencil</b>	
<input checked="" type="checkbox"/>	<b>Bond Paper</b>	
<input checked="" type="checkbox"/>	<b>Folder</b>	
<input checked="" type="checkbox"/>	<b>Ballpen</b>	
<input checked="" type="checkbox"/>	<b>Eraser</b>	
<input checked="" type="checkbox"/>	<b>Ruler</b>	
<input checked="" type="checkbox"/>	<b>Crayons</b>	
<input checked="" type="checkbox"/>	<b>Envelope</b>	
<input checked="" type="checkbox"/>	<b>Sharpener</b>	
<input checked="" type="checkbox"/>	<b>Marker</b>	