|  |  |
| --- | --- |
| Name: Click here to enter text. | Title: Click here to enter text. |
| Desired Product/Item: Click here to enter text. |
| Grades Affected: 4K [ ]  5K [ ]  1 [ ]  2 [ ]  3[ ]  4 [ ]  5[ ]  6[ ]  7 [ ]  8[ ]   |
| Desired Coverage: (estimates are acceptable) |
|  | Cost: Click here to enter text. |
|  | Shipping: Click here to enter text. |
|  | Bussing: Click here to enter text. |
| Purchase Location: (address where available) |
|  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Explanation of desired product/item: |
|  | Click here to enter text. |
| Benefits to students: |
|  | Click here to enter text. |
| Relation to curriculum: |
|  | Click here to enter text. |
| Desired housing location: (where will the item be kept) |
|  | Click here to enter text. |
| Please email this document as an attachment to: clarkli@rrsd.k12.wi.usThe information will be passed on to the RRAP organization |

Form fields will expand as information is keyed in and accommodate text that is entered.

**Product/Item Request**