

Teaching Material Reordering Form

Student Name _____

Class _____ ()

| Subject | Please your order(s). | | | |
|-------------------------------|-----------------------|--|--------------------|--|
| Thematic Studies | | | | |
| Body and Health | Book (\$20) | | Workbook (\$10) | |
| Science, Space and Technology | Book (\$20) | | Workbook (\$10) | |
| Environment and Plants | Book (\$20) | | Workbook (\$10) | |
| P1 My School | Book (\$20) | | Workbook (\$10) | |
| P2 My Community | Book (\$20) | | Workbook (\$10) | |