

**SCHOOL EQUIPMENT FORM 2016**

# School Equipment Quotation Request Form

**School Name:**

**Address:**

**Suburb/Town:**

**Post Code:**

**State:**

**Contact Name:**

**Position:**

**Contact Numbers:**

Direct

Mobile

Email

Fax

**Requested Appointment or Quotation date:**

## Infants & Primary School Equipment and Resource Requirements

<b>Year Level:</b>	<b>K/P/R</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Number of Classes per year level:</b>								
<b>Student Numbers per Class:</b>								

**School Name:**

**Yes/No**

**Specific Topics or Strands**

Maths		
Literacy		
Science & Technology		
ICT		
Art & Craft		
SOSE/HSIE		
Physical Education/Sports		
Special Needs/Learning Assistance		
LEGO® Education Early Years		
LEGO® Education Science and Technology		
LEGO® Education Robotics		

## High School Equipment and Resource Requirements

<b>Year Level:</b>	<b>7-8</b>	<b>9-10</b>	<b>11-12</b>
<b>Number of Classes per year level:</b>			
<b>Student Numbers per Class:</b>			

**School Name:**

**Yes/No**

**Specific Topics or Strands**

Maths		
Literacy		
Science & Technology		
ICT		
Art & Craft		
SOSE/HSIE		
Physical Education/Sports		
Special Needs/Learning Assistance		
LEGO® Education Robotics		
LEGO® Education Science and Technology		