



MANNERS *of the*
HEART[®]
 CHOOSE RESPECT

SCHOOL INFORMATION FORM

Name of School _____ District _____

Address: _____ City _____ State: _____ Zip _____

Phone Number: _____ Estimated Student Enrollment _____

Principal _____ Email _____

Second Contact _____ Title _____ Email _____

Number of classrooms and students anticipated for year of implementation

Grade Level	Number of Classrooms	Number of Students
Pre-Kindergarten		
Kindergarten		
1 st grade		
2 nd grade		
3 rd grade		
4 th grade		
5 th grade		
ESS		
Total		

In addition to classroom materials, check Items your school is interested in:

One Year Technology Subscription _____ Visual Aids Kit for School _____

Student Workbooks _____ Blackline Masters _____

School Coordinator Kit _____ Retractable School Banner _____

Please list the number of trainings your school is interested in:

Professional Development _____ Family Workshops _____

Is your school interested in remote learning? Yes _____ No _____

Shipping:

Access to shipping dock? _____ Forklift? _____ Days and Times for Delivery _____

For a free quote, complete and email this form to info@mannersoftheheart.org