

PPPSS Materials Request Form

Date requested: _____

Private School Name: _____

Delivery Address _____

City _____ State _____ Zip _____

Name/Title of Contact Person: _____ / _____

Contact Phone Number/Ext: _____ / _____

Number of Students with Disabilities who will be using materials: _____

Types of materials:

Consumable _____ *Non-Consumable* _____

Annual Subscription:

New _____ *Renewal* _____

Describe how the requested materials/textbooks will be used to benefit students with disabilities at your site:

Where will materials be housed at your site? (please list specific areas or classrooms)

Item/Description	Vendor Name	Cost: Vendor Quote (attach)	Quantity

In accordance with federal regulations, we agree that the materials will be used exclusively by students with disabilities.

Signed _____
Representative Principal