



# Back-to-School Planner

Name:  Teacher:   
 Grade:  School:

## IMPORTANT DATES



Event	Date
First Day of School	
Meet the Teacher	
Picture Day	



## SCHOOL SUPPLIES

- |                                    |                                   |                                |
|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Backpack  | <input type="checkbox"/> Pens     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Notebooks | <input type="checkbox"/> Crayons  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Folders   | <input type="checkbox"/> Glue     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Pencils   | <input type="checkbox"/> Scissors | <input type="checkbox"/> _____ |

## MY GOALS

