

Rainbow Oral Language Programme

Order Form

Name of School: _____

School Address: _____

Roll Number: _____ Telephone No: _____

Signature: _____ Date: _____

Please tick the option you would like:

1. Oral Language Response Book on the booklist and free digital
2. Digital only option

Tick the relevant boxes and write the number of classes:

Junior Infants No. of classes

Senior Infants No. of classes

1st Class No. of classes

2nd Class No. of classes

Please give the form to your local sales representative or email a scanned version of it to sales@cjfallon.ie. You can also post it to:

CJ Fallon

Block B, Liffey Valley Office Campus, Dublin 22



Rainbow Oral Language Programme

For ease of delivery, please fill out the details of each class and teacher for September.

Class: _____

Teacher name: _____

Email address: _____

Class: _____

Teacher name: _____

Email address: _____

Class: _____

Teacher name: _____

Email address: _____

Class: _____

Teacher name: _____

Email address: _____

Class: _____

Teacher name: _____

Email address: _____

Class: _____

Teacher name: _____

Email address: _____

Class: _____

Teacher name: _____

Email address: _____

Class: _____

Teacher name: _____

Email address: _____