

Signature: \_\_\_\_\_

**Starter Package**

**Qty. Description**

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1 All items below are required. Please "Pick and Choose" what you need to purchase:

Cost of Starter Package	<b>\$ 0.00</b>
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**Items required by teacher and to be ordered if you do not already have them**

Description	Qty. Req'd	Price	Qty. Ordered	Subtotal
Safety Glasses Anti-Scratch Clear	1	6.91	_____	_____
School Start Index Dividers (8 insertable tabs)	2	1.84	_____	_____
School Start Report Cover (3 Prong) - Assorted Colours	1	0.53	_____	_____
School Start Lined Looseleaf Refill Paper (8.5" x 11") - 150 Sheets	5	2.17	_____	_____
School Start Graph Paper (1 cm) (8.5" x 11") - 100 sheets	1	5.44	_____	_____
School Start 2" Zippered D-Ring Binder - Assorted Colours	3	11.64	_____	_____
BIC Pen (medium red)	5	0.26	_____	_____
BIC Pen (medium blue)	5	0.26	_____	_____
Staedtler Norica HB #2 Pencils (pre-sharpened) - 12 pack	2	3.65	_____	_____
School Start 7" Scissors	1	5.61	_____	_____
School Start White Premium Eraser	3	0.71	_____	_____
School Start Clear Plastic Ruler (cm/mm) - 30 cm/300 mm	1	1.28	_____	_____
School Start Geometry/Math Set (10 Piece)	1	5.28	_____	_____
School Start 3 Ring Pencil Pouch (9.75" x 7.5") - Asst. Colours	1	3.38	_____	_____
Royale Facial Tissue (2 Ply) - 126 Sheets	1	2.49	_____	_____
Gym Clothes (T-Shirt, Shorts or Sweats) - Purchased Elsewhere	1		_____	_____
Maxell EB-95 Stereo Wired Earbuds	1	5.91	_____	_____
School Start Gym Drawstring Bag	1	5.61	_____	_____
Deodorant Stick and 1 Towel - Purchased Elsewhere	1		_____	_____
Indoor Running Shoes for Gym (non marking) - Purchased Elsewhere	1		_____	_____
Scientific Calculator - Purchased Elsewhere	1		_____	_____

**\*\*Please have all items well marked with child's name and pencils sharpened.\*\* \*\*Safety glasses for PE (not required if you wear glasses)\*\***

Cost of Required Items	(prices include tax)	<b>\$</b>
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Shipping	<b>\$ 4.50</b>
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Total Cost (Starter Package + Required Items + Shipping)	(prices include tax)	<b>\$</b>
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**Contact Info / Payment**

Student Name (label to appear on supply box) \_\_\_\_\_ Phone Number \_\_\_\_\_ Email (summer contact info) \_\_\_\_\_

By Credit Card Payment:  Visa  Mastercard  Cheque (made payable to: **School Start**)

Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiry Date \_\_\_\_\_ \$

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_ Amount