



**Starter Package**

**Qty. Description**

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1 Please see below for the school supply list:

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
School Start Report Cover (3 Prong) - Yellow	1	0.50	_____	_____
School Start Report Cover (3 Prong) - Light Blue	1	0.50	_____	_____
School Start Report Cover (3 Prong) - Red	1	0.50	_____	_____
Hilroy White Studio Coil Sketch Book w/ Perforated Header (9" x 12") - 30 sheets	1	4.56	_____	_____
School Start Home/School Communication Pouch (12.5" x 11") - Assorted Colours	1	9.08	_____	_____
School Start Triangular Pencil Grips - 5 pack	1	3.30	_____	_____
School Start Pocket Highlighter (Yellow)	2	0.75	_____	_____
Expo Low Odor Dry Erase Fine Tip Marker (black)	5	1.86	_____	_____
Sharpie Fine Point Permanent Marker (black)	2	1.43	_____	_____
Crayola Pip Squeak Markers (Conical Tip) - 16 pack	1	9.22	_____	_____
Crayola Wax Crayons - 8 pack	1	1.23	_____	_____
School Start 5" Blunt Scissors	1	3.11	_____	_____
School Start White Premium Eraser	2	0.71	_____	_____
School Start Clear Glue Stick - 21 g.	2	1.55	_____	_____
School Start Plastic Pencil Box (8" x 4.7" x 2.3") - Assorted Colours	1	2.79	_____	_____
Zytec Disinfecting Wipes All in One 100 Wipes	1	6.43	_____	_____
Royale Facial Tissue (2 Ply) - 126 Sheets	2	2.35	_____	_____
Indoor Shoes (non-marking) - Purchased Elsewhere	1		_____	_____
Back Pack - Purchased Elsewhere or at schoolstart.ca	1		_____	_____

\*\*Please label all supplies including clothing\*\*

Cost of Required Items	(prices include tax)	<b>\$</b>
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Shipping	<b>\$ 7.50</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

**Your Order Will Be Delivered To Your Home. Please provide your house and street address. No P.O. Boxes.**

\_\_\_\_\_ Address      \_\_\_\_\_ City      \_\_\_\_\_ Province      \_\_\_\_\_ Postcode