

Edmonton Christian Northeast School Order Form For School Supplies	Grade 3 Basic Package
Please return order to the school with payment by: Monday, June 22, 2009	Supplies will be given to the students: THE FIRST DAY OF SCHOOL IN THE FALL
Enclose cash, credit card #, or make cheque payable to: Write-on Stationery Supplies Inc.	
STUDENT ALSO REQUIRES A PAIR OF INDOOR RUNNERS(NON-MARKING SOLES). IF YOU PURCHASE YOUR OWN SUPPLIES, PLEASE DO NOT LABEL.	

Qty	Description	Basic Package Price \$21.58
1	200 Page Ruled Looseleaf	
1	Hilroy 1/2 Blank 1/2 Lined Exercise Books	
3	Hilroy Lined Exercise Book	
3	White Erasers	
2	21gm Glue Stick	
2	Sharpie Marker-Black (Fine Tipped)-Permanent	
36	HB Pencils -Dixon Ticonderoga	

The items listed below "ARE ALSO REQUIRED" but are items that you may already own or special items you may wish to purchase yourself. Please order the items that you need by entering the quantities, amounts and totals in the spaces

<i>Quantity Required</i>		<i>Price</i>		<i>Quantity Ordered</i>	<i>Total</i>
1	Pointed Right Handed Scissors OR	\$3.60 /each	x	_____	= _____
1	Pointed Left Handed Scissors	\$4.62 /each	x	_____	= _____
1	30 cm Clear Plastic Ruler (mm & cm)	\$0.72 /each	x	_____	= _____
1	Crayola 12 Pencil Crayons (pre-sharpened)	\$3.53 /each	x	_____	= _____
1	Crayola 12 Washable Markers (Fine Tipped)	\$4.86 /each	x	_____	= _____
2	Facial Tissue (250 sheets)	\$2.40 /each	x	_____	= _____
1	500 Sheets Photocopy Paper (20 lbs.)	\$5.02 /each	x	_____	= _____
1	Plastic Pencil Box	\$1.90 /each	x	_____	= _____
1	Box of Large Ziploc Bags (15)	\$3.09 /each	x	_____	= _____

PLEASE PRINT CLEARLY. A COPY OF THIS ORDER WILL BE RETURNED WITH YOUR SUPPLY KIT.

For more information, please call: (780) 486-4169 or 1-866-486-4169

Student's Name: _____ Boy ___ Girl ___

Telephone: ___-___-___ Current Teacher: _____

Total Optional Items:

Basic Package Price: \$21.58

TOTAL \$ _____
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PRICES INCLUDE ALL APPLICABLE TAXES

Note : NSF cheques subject to a processing charge.

VISA/MC # _____ - _____ - _____ - _____ **Expr.** ___/___

Cardholder Name: _____ **Signature:** _____