

<b>Edmonton Christian Northeast School</b> Order Form For School Supplies	<b>Grade 6</b> Basic Package
Please return order to the school with payment by: <b>Tuesday, June 22, 2010</b>	Supplies will be given to the students: <b>THE FIRST DAY OF SCHOOL IN THE FALL</b>
<b>Enclose cash, credit card #, or make cheque payable to: Write-on Stationery Supplies Inc.</b>	
<b>STUDENT ALSO REQUIRES A PAIR OF INDOOR RUNNERS(NON-MARKING SOLES) AND A RE-USABLE DRINK CONTAINER(LABELED WITH PERMANENT MARKER). IF YOU PURCHASE YOUR OWN SUPPLIES, PLEASE DO NOT LABEL.</b>	

<b>Qty</b>	<b>Description</b>	<b>Basic Package Price</b>	<b>\$20.26</b>
1	200 Page Ruled Looseleaf		
2	White Erasers		
2	21gm Glue Stick		
6	Blue Pens		
2	Red Pens		
6	Hilroy Ex. Books (40pgs) blue,green,yellow,pink		
2	Highlighters		
12	HB Pencils -Dixon Ticonderoga		
1	Super Fine Staedtler Black Marker(non-permanen		

**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 24 Pencil Crayons (pre-sharpened)	\$5.55 /each	x	_____	=	_____
1	Solar Powered Calculator	\$5.98 /each	x	_____	=	_____
1	Facial Tissue (250 sheets)	\$2.40 /each	x	_____	=	_____
1	500 Sheets Photocopy Paper (20 lbs.)	\$5.02 /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: \$20.26

**TOTAL \$** \_\_\_\_\_  
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**PRICES INCLUDE ALL APPLICABLE TAXES**

**Note :** NSF cheques subject to a processing charge.

**VISA/MC #** \_\_\_\_\_ **Expr.** \_\_\_/\_\_\_

**Cardholder Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_