

Edmonton Christian School Order Form For School Supplies	Grade 6 Basic Package
Please return order to the school with payment by: Tuesday, June 15, 2010	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 INSIDE SHOES WITH NON-MARKING SOLES.	

Qty	Description	Qty	Description	Basic Package Price	\$45.25
12	Duotangs (Assorted Colors)				
3	200 Page Ruled Looseleaf				
4	Hilroy Exercise Book (40 pgs)				
3	White Erasers				
1	Math Protractor 4"				
2	Large Glue Sticks (40g)				
3	Blue Pens				
3	Red Pens				
24	HB Pencils				
2	Index Dividers (Pkg of 5)				
1	Crayola 24 Pencil Crayons (pre-sharpened)				
1	Solar Powered Calculator				
1	Sharpie Marker Black(ultra fine tip) Permanent				
1	Sharpie Marker-Black (Fine Tipped)-Permanent				

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	2" Commercial Quality Binders	\$4.81 /each	x	_____	= _____
1	Pencil Pouch	\$4.00 /each	x	_____	= _____
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	Pencil Sharpener with Lid	\$2.19 /each	x	_____	= _____
1	Facial Tissue (144 Sheets)	\$1.55 /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.

Total Optional Items:
Basic Package Price: \$45.25

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

Student's Name: _____ Boy ___ Girl ___

Telephone: ___-___-___ Current Teacher: _____

TOTAL \$ _____
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PRICES INCLUDE ALL APPLICABLE TAXES

Note : NSF cheques subject to a processing charge.

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

Cardholder Name: _____ **Signature:** _____