

École St. John Paul II School

Medicine Hat, Alberta Grade 4/5 English Grade 4/5 - English

Starter Package Qty. Description

1 School Start Report Cover (3 Prong) - Yellow

- 1 School Start Report Cover (3 Prong) Orange
- 1 School Start Report Cover (3 Prong) Black
- 1 School Start Report Cover (3 Prong) Navy Blue
- 5 School Start White Premium Eraser

Qty. Description

- 1 School Start Report Cover (3 Prong) Grey
- 1 School Start Report Cover (3 Prong) Red
- 1 School Start Report Cover (3 Prong) Purple
- 5 School Start Exercise Book 8 mm Ruled w/ Margin (7 1/8" x 9 1/8") 72 pages

Cost of Starter Package					\$ 12.80	
Items required by teacher and to be ordered	ed if you d					
Description		Qty. Req'd	Price	Qty. Ordered	Subtotal	
School Start 2" D-Ring Binder - Assorted Colours		1	6.45			
Staedtler Norica HB #2 Pencils (pre-sharpened) - 12 pack		2	3.61			
Staedtler Double-Ended Fine/Super Tip Washable Markers - 12 Pack		1	6.34			
Sharpie Fine Point Permanent Marker (black)		4	1.42			
Expo Low Odor Dry Erase Fine Tip Markers - 4 pack (Assorted Colours)		2	7.77			
School Start 5" Pointed Scissors		1	3.08			
School Start Chalkboard / Dry-Erase Brush		1	3.03			
School Start Disappearing Purple Glue Stick - 21 g.		4	2.47			
School Start Clear Plastic Protractor - 4"		1	0.79			
School Start Cork Back Stainless Steel Ruler (inches/cm) - 12"/30 cm		1	6.42			
School Start Plastic Pencil Box (8" x 4.7" x 2.3")		1	2.77			
Plastic Bandages - 30		1	7.91			
School Start Disinfectant Wipes - 110 Sheets		1	6.36			
Royale Facial Tissue (2 Ply) - 126 Sheets		1	2.33			
Maxell Stereo Wired Headphones		1	5.78			
Indoor Running Shoes for Gym (non marking) - Purchased Elsewhere		ı				
1x Ice Pak - Purchased Elsewhere			(i	!!!-	•	
Cost of Required Items			(prid	ces include tax)	\$	
Shipping					\$ 7.50	
Total Cost (Starter Package + Required Items + Shipping	j)		(prid	ces include tax)	\$	
Contact Info / Payment						
Student Name (label to appear on supply box)	Phone Nu	Phone Number En		mail (summer contact info)		
By Credit Card Payment: Visa Mastercard	Che	que (made paya	ble to: Scho	ool Start)		
Card Number	CVV	Expiry Date		\$		
Name as it appears on card	_				Amount	
Your Order Will Be Delivered To Your Home.	Please pro	ovide your ho	use and s	treet address. <u>N</u>	o P.O. Boxes.	
Address Cit	City			Postcode		