

## Mt. Lehman Elementary School

Abbotsford, British Columbia Grade 4 Grade 4

## Starter Package

## Qty. Description

- 2 School Start 5 Index Dividers (insertable tabs)
- 1 School Start Lined Looseleaf Refill Paper 150 Sheets
- 6 Staedtler Norica HB #2 Pencils (pre-sharpened) 12 pack
- 3 School Start White Premium Eraser

## Qty. Description

- 5 School Start Report Cover (3 Prong) Assorted Colours
- 4 School Start Exercise Book Dotted Interlined (7 1/8" x 9 1/8") 72 pages
- 1 Crayola Wax Crayons 24 pack
- 1 Sheet of Personalized Student Labels

Cost of Starter Package				\$ 37.83	
Items required by teacher and to be ordered if you	ı do not alread	v have th	nem		
Description	Qty. Reg'd	Price	Qty. Ordered	Subtotal	
School Start 1" Binder - Assorted Colours (O Ring)	1	4.14			
Bic Pen (medium red)	3	0.25			
Papermate Erasermate Pen (Blue)	3	1.54			
School Start Pocket Highlighters (Assorted Colours) - 5 pack	1	3.90			
Crayola Original Fine Line Washable Markers - 12 pack	1	6.49			
Staedtler Coloured Pencils (pre-sharpened) - 24 pack	1	5.46			
School Start 5" Pointed Scissors	1	3.19			
Elmer's Clear School Glue - 147 ml.	1	3,43			
School Start Clear Glue Stick - 40 g.	3	3.22			
School Start Clear Plastic Ruler (cm/mm) - 30 cm/300 mm	1	1.23			
School Start Clear Plastic Protractor - 4"	1	0.76			
School Start Two Hole Pencil Sharpener w/ Container	1	3,19			
School Start Dual Power Calculator	1	4.10			
School Start Plastic Pencil Box (8" x 4.7" x 2.3")	1	2.88			
Royale Facial Tissue (2 Ply) - 126 Sheets	1	2,42			
Maxell Stereo Headphones	1	5.82			
Gym Strip - Purchased Elsewhere	1		Constitution of the Consti		
Indoor Running Shoes for Gym (non marking) - Purchased Elsewhere	1				
**Student Planner to be purchased from the school in September (Div 2 ONLY)** Oth	er items may occasional	lv he seeded			
Cost of Required Items	or normal may account may	•	ices include tax)	\$	
Shipping				\$ 7.50	
Total Cost (Starter Package + Required Items + Shipping)		(prices include tax)		\$	
Contact Info / Payment					
Student Name (label to appear on supply box) Phone	Phone Number Email (summer c		I (summer contact info)		
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By Credit Card Payment: Visa Mastercard (	Cheque <b>(made pay</b> a	able to: Scl	nool Start)		
ard Number Expiry Date		\$			
	Signature			Amount	
Name as it appears on card	Signature				
Your Order Will Be Delivered To Your Home. Please	provide your he	ouse and	street address. No	P.O. Boxes.	
Address . City	Province		Postcode	Postcode	