

Arrowwood Community School

Arrowwood , Alberta Grade 7/8/9 Grade 7/8/9

Items required by teacher and to be ordere	d if vou do not alread	v have th	nem		
Description	Qty. Req'd	Price	Qty. Ordered	Subtotal	
School Start 8 Index Dividers (insertable tabs)	1	1.70			
School Start Coil Note Book (10 1/2" x 8") - 80 pages	1	1.47			
School Start Lined Looseleaf Refill Paper - 150 Sheets	2	2.13			
School Start Graph Paper (1 cm) - 100 sheets	1	5.33			
School Start 1" Binder - Assorted Colours	1	4.22			
School Start 2" Binder - Assorted Colours	2	6.38			
Bic Pen (medium blue)	2	0.26			
Bic Mechanical Pencil - 0.7 MM - 12 pack	2	6.07			
School Start Pocket Highlighter (Yellow)	1	0.72			
Sharpie Fine Point Permanent Marker (black)	2	1.35			
Expo Low Odor Dry Erase Fine Tip Marker (blue)	2	1.65			
Staedtler Coloured Pencils (pre-sharpened) - 24 pack	1	6.13			
School Start 5" Pointed Scissors	1	3.05			
School Start White Premium Eraser	3	0.69			
School Start Clear Glue Stick - 40 g.	2	3.29			
School Start Clear Plastic Ruler (inches/cm) - 12"/30 cm	1	0.90			
Staedtler Xcellence Math Set (10 piece)	1	5.68			
School Start Two Hole Pencil Sharpener w/ Container	1	3.05			
School Start Dual Line Scientific Calculator	1	11.41			
School Start Dual Zipper Pencil Pouch	1	4.87			
School Start Reinforcements - 300 Pack	1	2.85			
Royale Facial Tissue (2 Ply) - 126 Sheets	2	2.31			
Maxell EB-95 Stereo Wired Earbuds	1	5.34			
Maxell Stereo Headphones	1	5.72		-	
Indoor Running Shoes for Gym (non marking) - Purchased Elsewhere	1				
Sheet of Personalized Student Labels (0.5" x 1.75")	1	1.31			
Headphones OR Earbuds					
Cost of Required Items		(pr	ices include tax)	\$	
Shipping				\$ 7.50	
Total Cost of Items + Shipping		(pr	ices include tax)	\$	
Contact Info / Payment			·		
Contact mic / Laymont					
Student Name (label to appear on supply box)	Phone Number	Emai	I (summer contact info)		
ordaent Name (label to appear on supply box)	Thorie Number	Liliai	(Summer contact inio)		
By Credit Card Payment: Visa Mastercard	Cheque (made paya	able to: Sch	nool Start)		
Card Number	CVV Expiry Date		\$		
Name as it appears on card	Signature			Amount	
Table 40 it appears on our	Oignature				
Your Order Will Be Delivered To Your Home.	Please provide your ho	ouse and	street address. No	P.O. Boxes.	
Address City	Province	.	Postcode	•	