

| Student Name (label to appear on supply box) | Phone Number           | Email (summer contact info) |
|--|------------------------|-----------------------------|
| By Credit Card Payment: Visa Mastercard      | Cheque (made payable t | o: School Start)            |
| Card Number                                  | Expiry Date            | \$                          |
| Name as it appears on card                   | Signature              | Amount                      |

## Your Order Will Be Delivered To Your Home. Please provide your house and street address. No P.O. Boxes.

Address

1

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1

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City

Province

Postcode

**Goldstone Park Elementary** 

Grade 1 Grade 1