

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

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City

Province

Postcode

Goldstone Park Elementary

Grade 1 Grade 1