

YEAR 4 iPad Class 2017 FERNY GROVE STATE SCHOOL BOOKLIST & STATIONERY ORDER FORM

SURNAME:

FIRST NAME:

Tel:

DESCRIPTION	BOOKLIST REQ'MENT	QTY REQ	UNIT PRICE	TOTAL \$	Office use
YEAR 4 iPad Class COMPLETE LIST - SAVE \$11.90! (excludes Extra Requirements & RI Booklet - order below if required)	1	x	\$91.00	=	STPD4
Reflex/Australian White Copy Paper (A4 80gsm)	2 reams	x	\$5.30	=	P
HB Pencil - INDIVIDUALLY NAMED (good quality)	1 box	x	\$5.90	=	
Eraser	2	x	\$0.60	=	
Metal Sharpener	1	x	\$0.50	=	
Red Biro	2	x	\$0.40	=	
Highlighters (pack of 4 assorted)	1 pkt	x	\$4.80	=	
Ruler (Wooden)	1	x	\$0.60	=	
Colouring Pencils (12's)	1 pkt	x	\$3.40	=	
Giotto Turbo Colour Markers (12's)	1 pkt	x	\$3.30	=	
Chalk Pastels (12's)	1 pkt	x	\$4.00	=	
40g Pritt Glue Stick	4	x	\$3.40	=	
Scribble to Script for QLD Bk 4 2nd ed	1	x	\$14.70	=	
A3 Visual Art Diary (60leaf/110gsm/acid free)	1	x	\$6.90	=	
A4 10mm Graph Book	3	x	\$0.90	=	
A4 96pg Year 3/4 Victory Writing Pad	8	x	\$1.40	=	
A4 48pg Year 3/4 Botany Book	2	x	\$0.90	=	
Dragon Maths Card	1	x	\$5.00	=	
96pg Victory Scrapbook	2	x	\$2.20	=	
Manila Folder - Fooscap	2	x	\$0.20	=	
Document Wallet - Plastic Foolsap	3	x	\$1.90	=	
A4 Display Folder	1	x	\$1.40	=	
RELIGIOUS INSTRUCTION BOOKLET - if your child participates in classroom Religious Instruction, this book is required.	1	x	\$4.00	=	RI

EXTRA REQUIREMENTS PLUS ITEMS WHICH SHOULD BE CARRIED OVER FROM YEAR 3:

*Resource/Library Bag	1	x	\$10.00	=	
*Student Assessment Folder (substitutes NOT accepted)	1	x	\$5.90	=	
*Chairbag	1	x	\$14.50	=	
*Yamaha Descant Recorder	1	x	\$11.90	=	
*Scissors	1 pair	x	\$2.70	=	
Document Wallet - Plastic Foolsap (for music)	1	x	\$1.90	=	
A4 48pg Victory Music & Theory Book	1	x	\$1.80	=	
A4 Plastic Exercise Book Covers	OPTIONAL	x	\$0.80	=	
*Pencil Case - Large	1				NOT STOCKED
# Large Box Tissues (MINIMUM 224 TISSUES)	1				
DELIVERY (if required complete details below)		x	\$12.00	=	

Everything **MUST** be **NAMED** and brought to school the first day.

TOTAL

CIRCLE PREFERENCES below:

COLLECT / HOME DELIVERY

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NOVEMBER / DECEMBER / JANUARY

Please charge my credit card: \$ _____

VISA / MASTERCARD

Credit Card Number _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Cardholders Name _____ Signature _____

DELIVERY DETAILS (print in BLOCK letters)

AUTHORITY TO LEAVE? YES / NO

NAME: _____ ADDRESS: _____