

Dear Parents/Guardians:

Your teachers at Galbraith School are excited to offer the opportunity to purchase quality standardized school supplies through School Start for the 2024/2025 school year. This process will save you both time and money.



3 WAYS TO ORDER:



ONLINE: You can place your order online at www.schoolstart.ca.

Our site is best compatible with Firefox or Chrome.



PHONE: You can call our customer service centre at 1-800-580-1868 to place your order over the phone.



EMAIL: You can print and fill out the order form and return to our office via email to: info@schoolstart.ca.

HOME DELIVERY:

The supplies will be packaged and delivered directly to your house. If you have a P.O. Box, please use your 911 address. Because the kit (s) are delivered to your home, you will have the ability to:

- ✓ Pre-label your child's supplies
- Add supplies to your order for home use or for your child in another school

Thank you for your support!





Starter Package

Qty. Description

- School Start Sheet Protectors (10 Sheets)
- 1 Crayola Original Thick Washable Markers (Conical Tip) 10 pack
- 1 School Start White School Glue 125 ml.

Qty. Description

- 1 School Start Report Cover (3 Prong) Assorted Colours
- 5 UHU Glue Stick 21 g.
- 1 Sheet of Personalized Student Labels (0.5" x 1.75")

Cost of Starter Package					\$ 25.08
Items required by teacher and to be ordered	ed if vou c	lo not alread	v have th	nem	
Description		Qty. Req'd	Price	Qty. Ordered	Subtotal
Royale Facial Tissue (2 Ply) - 126 Sheets		2	2.31		
Indoor Shoes (non-marking) - Purchased Elsewhere		1			
Lunch Kit - Purchased Elsewhere or at schoolstart.ca		1			
Back Pack - Purchased Elsewhere or at schoolstart.ca		1			
Cost of Required Items			(pr	rices include tax)	\$
Shipping					\$ 7.50
Total Cost (Starter Package + Required Items + Shipping)			(prices include tax) \$		\$
Student Name (label to appear on supply box)	- ————————————————————————————————————	ımber	Emai	I (summer contact ir	nfo)
By Credit Card Payment: Visa Mastercard		eque (made pay a			,
Card Number	CVV	Expiry Date		\$	
Name as it appears on card	Signature			Amount	
Your Order Will Be Delivered To Your Home.	Please pr	ovide your ho	ouse and	street address.	No P.O. Boxes.
Address Ci	City		Province		ode