

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

2 School Start Sheet Protectors (10 Sheets)

5 UHU Glue Stick - 21 g.

Qty. Description

- 1 School Start Report Cover (3 Prong) Assorted Colours
- 1 Sheet of Personalized Student Labels (0.5" x 1.75")

Cost of Starter Package					\$ 17.23	
Items required by teacher and to be ord	lered if you		•		0.14.4.1	
Description		Qty. Req'd	Price	Qty. Ordered	Subtotal	
Expo Low Odor Dry Erase Fine Tip Markers - 4 pack		1	7.49			
Royale Facial Tissue (2 Ply) - 126 Sheets		2	2.31			
Napkins - 250 pack		1	4.14			
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				
ost of Required Items (prices include tax				ices include tax)	\$	
Shipping					\$ 7.50	
Total Cost (Starter Package + Required Items + Shipping) (prices include tax)					\$	
Student Name (label to appear on supply box)	Phone Number		Email (summer contact info)			
By Credit Card Payment: Visa Master	card Cl	neque (made pay a	able to: Sch	nool Start)		
Card Number	CVV	Expiry Date		\$		
Name as it appears on card	Signature			Amount		
Your Order Will Be Delivered To Your Hor	ne. Please p	orovide your ho	ouse and	street address. <u>No</u>	P.O. Boxes.	
Address	City		Province		Postcode	