

Hilroy Report Cover (Prongs) - Purple

Hilroy Report Cover (Prongs) - Yellow



Qty. Description

Hilroy Report Cover (Prongs) - Orange

Hilroy Report Cover (Prongs) - Navy Blue

## **Ecole Laity View Elementary**

Maple Ridge, British Columbia Grade 2 - French Grade 2 - French

## Starter Package

Qty. Description

1	Hilroy Report Cover (Prongs) - Green	1	Hilroy Rep	ort Cover (Pron	gs) - Light Blue	
1	Hilroy Report Cover (Prongs) - Red	1	School Sta	rt Portfolio (Twi	n Pocket) - Black	
1	Hilroy Exercise Book - Plain (9 1/8" x 7 1/8") - 72 pages	2	Hilroy Exe	rcise Book - 1/2	Plain - 1/2 Interlined (9 1/8")	7 1/8") - 72 pages
2	Hilroy Exercise Book - 8 mm Ruled w/ Margin (9 1/8" x 7 1/8") - 72 pages	3	Staedtler N	lorica HB #2 Pe	encils (pre-sharpened) - 12 pa	ack
1	Bic Highlighter (Yellow)	1	Crayola Or	iginal Thick Wa	shable Markers (Conical Tip)	- 10 pack
1	Sharpie Fine Point Permanent Marker (black)	3	Expo Low	Odor Dry Erase	Chisel Tip Marker (blue)	
1	Staedtler Triangular Coloured Pencils (pre-sharpened) - 24 pack	1	Crayola W	ax Crayons - 24	ł pack	
1	School Start 5" Blunt Scissors	4	School Sta	rt White Premiu	ım Eraser	
3	Elmer's Clear All Purpose Glue Stick - 40 g.(1.41 oz.)	1	School Start Clear Plastic Ruler (inches/cm) - 12"/30 cm			
l	Plastic Pencil Box (8.4" x 5.6" x 2.5")	1	Sheet of Personalized Student Labels			
Cos	t of Starter Package					\$ 55.98
ter	ns required by teacher and to be ordered if yo	u do no	t alread	ly have th	nem	
Des	cription	Qty	. Req'd	Price	Qty. Ordered	Subtotal
3cho	ol Start Pencil Sharpener w/ Container		1	1.62		
√laxe	II EB-95 Stereo Earbuds		1	5.09		
Cos	t of Required Items			(pr	ices include tax)	\$
Ship	pping					\$ 6.50
Tota	al Cost (Starter Package + Required Items + Shipping)			(pr	ices include tax)	\$
Co	ntact Info / Payment	Manua	ıl Orde	r Form	Deadline: June	17th, 2020
Student Name (label to appear on supply box) Phone			Number Email (summer contact info)			
By (	Credit Card Payment: Visa Mastercard	Cheque (r	nade nava	able to: Scho	ool Start)	
Ју С	Visa Wastercard	Oneque (i	naue paya	ible to. Scric	oi Start)	
Card N	Number	Expi	y Date		\$	
Name as it appears on card		 Signature			_ Amount	
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Υοι	ur Order Will Be Delivered To Your Home. Please	provide	your ho	use and s	treet address. No	P.O. Boxes.
Addr	ress City		Province		Postcode	