

## Dear Parents/Guardians:

Your teachers at Nicholas Sheran Elementary School are excited to offer the opportunity to purchase quality standardized school supplies through School Start for the 2022/2023 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!



## **Nicholas Sheran Elementary School**

Lethbridge, Alberta Grade 1 Grade 1

Items required by teacher and to be ordered	ed if you do not alread	ly have th	em	
Description	Qty. Req'd	Price	Qty. Ordered	Subtotal
School Start 1.5" Binder - Assorted Colours (O Ring)	1	4.83		
Staedtler Norica HB #2 Pencils (pre-sharpened) - 12 pack	2	2.89		
School Start 5" Pointed Scissors	1	2.98		
School Start 3 Ring Pencil Pouch (9.75" x 7.5") - Asst. Colours	1	3.24		
School Start Disinfectant Wipes Canister - 100 Sheets	1	8.44		
Royale Facial Tissue (2 Ply) - 126 Sheets	1	2.32		
Plastic Water Bottle (18 oz)	1	4.71		
Maxell Stereo Headphones	1	5.33		
Indoor Running Shoes for Gym (non marking) - Purchased Elsewhere	1			
Sheet of Personalized Student Labels	1	1.31		
Back Pack - Purchased Elsewhere or at schoolstart.ca	1			
Cost of Required Items		(pr	ices include tax)	\$
Shipping				\$ 7.50
Total Cost of Items + Shipping (prices include tax)				\$
Contact Info / Payment				
Student Name (label to appear on supply box)	Phone Number Email (summer cor		(summer contact info)	
By Credit Card Payment: Visa Mastercard	Cheque (made pay	able to: Sch	ool Start)	
Card Number	Expiry Date		\$	
Name as it appears on card	Signature	Amount		Amount
Your Order Will Be Delivered To Your Home.	Please provide your h	ouse and	street address. <u>No</u>	P.O. Boxes.
Address Cit	ty Provinc	е	Postcode	}