



CALLOWS SCHOOLS^{smart}

CALLOWS OFFICE CHOICE
87 Queen Street BUSSELTON 6280

CALLOWS BTS WAREHOUSE
31 Fairlawn Road BUSSELTON 6280



Phone: **08 9752 1240**
ABN: 79552390561

VASSE PRIMARY SCHOOL KINDERGARTEN 2024

Students Name..... Phone.....
Parents Name..... Email.....

Item	Code	Please tick required items	Qty	Price ea	Subtotal
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PERSONAL ITEMS LIST

CLAY MODELLING EC 500G AIR DRYING WHITE	16256	<input type="checkbox"/>	1	9.70	\$9.70
DOCUMENT WALLET MARBIG PP F/C VELCRO W/GUSSET CLEAR	2011012	<input type="checkbox"/>	1	1.35	\$1.35
EXERCISE BOOK SPIRAX P118A A5 48 Page 12mm	56118P5	<input type="checkbox"/>	1	0.75	\$0.75
GLITTER GLUE CRAYOLA 5 COLOURS	58349	<input type="checkbox"/>	1	6.80	\$6.80
GLUE STICK STAT BLUE 36g	86681	<input type="checkbox"/>	3	1.60	\$4.80
HANDY POUCH COLBY C641 A3 BLUE	64104	<input type="checkbox"/>	1	11.80	\$11.80
LABEL AVERY F/P 8MM MULTI COL DOT STICKERS	23305	<input type="checkbox"/>	1	3.00	\$3.00
MARKER ARTLINE 700 PERM 0.7mm BULLET NIB BLACK	170001	<input type="checkbox"/>	1	3.30	\$3.30
MASKING TAPE FPA 50m*18mm GENERAL PURPOSE	26129	<input type="checkbox"/>	1	3.55	\$3.55
PAINT STICKS CRAYOLA 6PC	87675	<input type="checkbox"/>	1	7.25	\$7.25
PEN ARTLINE 210 MEDIUM 0.6mm BLACK	121001	<input type="checkbox"/>	2	2.75	\$5.50
WHITEBOARD MARKER STAT 2.0mm BULLET NIB ASST WLT6	48010	<input type="checkbox"/>	1	4.30	\$4.30

SUBTOTAL

\$62.10

HANDLING/PACKAGING FEE	H/PK	<input type="checkbox"/>	1	3.00	\$3.00
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Mandatory fee for all pre-packed orders.

PARENTS TO SUPPLY:

1 x Water Proof Library Bag

1 x Box Tissues - Large

PARENTS: PLEASE DO NOT COVER SCRAPBOOKS OR EXERCISE BOOKS

PLEASE MARK ITEMS CLEARLY WITH CHILDS NAME

PLEASE NOTE: Class teachers may require the addition of items to this generic personal items list.

Parents will be advised of these items at the class meeting early in 2024

DELIVERY FEE	Delivery	<input type="checkbox"/>	1	8.75	\$8.75
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ORDER TOTAL:

PLEASE NOTE: To guarantee prices quoted and supply of all items, please ensure orders are placed by due date.

PLEASE RETAIN YOUR RECEIPTS AS PROOF OF PURCHASE.

OFFICE USE ONLY

Date:..... Amount Paid:..... Sales Assistant:.....