YOUR SUPPLY LIST

	Qty
Your School Tool Box will contain the following items:	1
7" Student Fiskars Scissors Pointed	1
7 5/8 oz Elmer's Washable School Glue, white	1
24 ct Crayola Crayons	1
12 ct full-length Crayola Colored Pencils Pre-sharpened	1
Red Paper Mate Stick Pen Med Pt (each)	2
Sanford Pink Pearl Eraser (each)	2
Zipper Pencil Pouch w/grommets	1
125 ct Kleenex Facial Tissue - WILL SHIP BULK	1
5-Pack Spiral Notebooks 1 sub wide rule 70ct w/perf (rd,bl,yl,gn,pu)	1
Black Spiral Notebook 1 sub Wide Rule 70 ct w/perf	1
5-Pack 2-Pocket Paper Folders w/o clasps (rd,bl,yl,gn,pr)	1
Black 2-Pocket Paper Folder w/o clasps	1
White 2-Pocket Paper Folder w/o clasps	1
8 ct Prang Washable Watercolor Paints w/ brush	1
Elmer's Large All Purpose Glue Stick white (each)	1
Sharpened #2 Yellow Woodcase Pencils 12ct bag - Made in USA	1
8ct Conical Tip Crayola Washable Markers Classic Color (thick)	1
200ct Wide Rule Filler Paper	1
Ruled 3x5 Index Cards white 100 ct	1

Plus FREE personalized labels.

INCLUDES CUSTOM PACKAGING AND DELIVERY TO SCHOOL

ORDER FORM

SCHOOL tool BOX

Return form and payment to school by:
Deveuelva la forma con el pago a la escuela en o antes de date/fecha

March 12, 2010

Pick up supplies at school:
Recoja los materials en las escuela

Uniform Sale Night
July 22, 2010

Make checks payable to:
Haga el cheque a nombre de

SCCS

Detach and return form to school with payment

SCHOOL
la Escuela

St. Croix Catholic School
Stillwater, MN

GRADE IN FALL
Proximo grado

Third

BOX PRICE **$32.00**

Please print clearly so we can personalize your School Tool Box™. One student name per order form.

Student's First Name **Student's Last Name**

Payment Method: ☐ Cash ☐ Check Credit Card: ☐ Master Card ☐ Visa ☐ Discover

Credit Card Number (Charges will appear before product is delivered, listed as **School Tool Box™ Sycamore, IL**) Expiration Date

Name as it appears on credit card (please print)

Signature of card halder

Phone number

Total Box Price	$ _____
STB1101 (coupon code from front)	$ - 1.00
Backpack (if applicable)	$ _____
TOTAL AMOUNT PAID	$ _____