FERNY GROVE STATE HIGH SCHOOL
An Independent Public School

P&C ASSOCIATION

Year 12 – 2024 Stationery Order Form

Student's Name: _____ **Year:** _____

Contact Name & Phone Number: _____

****PLEASE KEEP A COPY OF YOUR ORDER****

Office Use	Column 1	Cost $	Qty	Total	Office Use	Column 2	Cost $	Qty	Total
Exercise Books, Display Books etc.					**Writing and Sundry Items**				
20096	96 page A4 Exercise book	2.00			50000	Pencil HB	1.10		
20128	128 page A4 Exercise book	2.70			50002	Pencil 2B	1.10		
60000	96 page Music book	2.50			50004	Pencil 4B	1.10		
60001	30 page Music Sketch Book	4.00			50006	Pencil 6B	1.10		
60002	579B Sketch book (Art)	7.00			50007	Coloured pencils (12)	4.40		
60003	A3 Visual Art Diary	12.00			50008	Coloured pencils (24)	5.00		
60004	A4 Visual Art Diary	7.00			50026	Black Fibre Tip pen (0.2)	3.00		
60006	96 page A4 Grid book 10mm	2.50			50030	Ballpoint Red pen	1.10		
60007	48 page A4 Science Graph	1.50			50031	Ballpoint Blue pen	1.10		
60009	Graph loose leaf refills 50	4.25			50032	Ballpoint Black pen	1.10		
40020	Plain display book 20 sleeve	3.20			50034	Highlighter – set of 4	7.50		
60023	Plastic pockets 10 pack	1.20			80005	Eraser	1.00		
					80006	Glue Stick	3.85		
Folders etc.					80007	30cm Plastic Ruler	1.00		
60019	A4 Lever arch folder	6.00			80009	Scissors	2.70		
60022	Plastic document wallet	3.40			80010	Metal Sharpener	1.00		
60024	A4 Clipboard folder style	4.60			80011	Stapler with staples	6.00		
					80012	Micador Compass No 325	2.00		
					80014	180 Protractor	1.10		
					90000	Casio Scientific Calculator	35.00		
		Subtotal 1					Subtotal 2		

	Column Totals
Subtotal 1	
Subtotal 2	
Total	

Available in January 2024

I wish to have my 2024 stationery order delivered for the additional cost of $18:00: Please tick ☐ No PO Boxes

Name: (please print in BLOCK letters) _____

Address: (please print in BLOCK letters) _____

_____ Post Code: _____

I hereby authorise Ferny Grove State High School P&C Association to debit my MasterCard / Visa (circle)
This will appear on your bank statement as "FGSHS P&C U/S Store".

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐ ☐☐

Cardholder's Name: _____ Cardholder's Signature: _____

OFFICE USE ONLY: Total Cost: $ Convenor