

ST JUDE'S PRIMARY SCHOOL

49 Mulley Street, Holder ACT 2611
PH: (02) 6288 7688
EMAIL: office.stjudes@cg.catholic.edu.au
WEB: www.stjudesps.act.edu.au

26 November 2019

Dear Parents and Carers

Book packs for 2020

It is now time to order your child's stationery requirements for next year.

As a new initiative for 2020, book packs will remain at school. To reduce the environmental impact, we are not encouraging the covering of exercise books in contact or plastic. We are a sustainable school, working towards a positive impact. Students who purchase a book pack will have access to their books and stationery in class from Monday 3 February 2020.

You will find the grade list for your child attached to this letter. If you wish to order your child's book pack through St Jude's, please return the completed form to the front office no later than Friday 6 December (week 8, term 4) to allow sufficient time for processing.

Forms of payment:
Qkr! (preferred), cash, cheque or credit card

Alternatively, you may choose to purchase items yourself using the accompanying list.

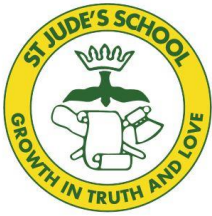
Please be aware that NO changes are possible to the attached list, except for those children who require left handed scissors. Please indicate 'left handed scissors' on the order form, if required.

If you have any questions, please do not hesitate to contact me – dan.fulton@cg.catholic.edu.au.

Kind regards

Dan Fulton
Assistant Principal

Growth In Truth & Love



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ORDERING

Please indicate ONE option from the following and return to the front office no later than **Friday 6 December** (week 8, term 4).

Name of student: _____

Grade level of student in 2020: Year _____

No, I do not require a book pack and I will arrange my child's stationery requirements.

Or

Yes, I require a book pack and my prepayment details are as follows;

PREPAYMENT OPTIONS

Please tick: Qkr! cash cheque credit card

Qkr! receipt #: _____ Date: _____

Cheque – made payable to: **ST JUDE'S PRIMARY SCHOOL**

(Please include the student's name, address and contact number on the reverse of the cheque)

Credit Card

Type of card: Visa / MasterCard (please circle one)

Card No: _____ - _____ - _____ - _____ Expiry Date ____/____

Amount: \$ _____

Cardholder signature: _____

Name of cardholder (PRINT): _____

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