Queanbeyan Public School
Creating opportunities, building relationships, achieving success

Student's First Name: ____________ Last Name: ________________________

Parent's Name: __________________ Phone No: ________________________

2017 Stage: 1 Year: 1 2016 Class: ________

Student Resources for 2017

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Quantity</th>
<th>@</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardised Testing</td>
<td>1</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Signpost Maths NSW Bk1</td>
<td>1</td>
<td>15.55</td>
<td>15.55</td>
</tr>
<tr>
<td>Targeting Handwriting NSW 1</td>
<td>1</td>
<td>10.75</td>
<td>10.75</td>
</tr>
<tr>
<td>Reading Journal Lower Primary</td>
<td>1</td>
<td>5.45</td>
<td>5.45</td>
</tr>
<tr>
<td>Classroom Resources including ipad apps</td>
<td>1</td>
<td>43.25</td>
<td>43.25</td>
</tr>
</tbody>
</table>

**Resources Total** 80.00

QPS Voluntary Contribution 40.00

**Total** 120.00

Resources will be delivered directly to classrooms at the start of the 2017 school year after payment has been made.

*Please make cheques payable to Queanbeyan Public School*  
*Credit Card authorisation via phone 6297 2144*

I wish to pay by Cash □ Cheque □ Credit Card □ Payment on Line □

Credit card authorisation

Please charge $ ____________________ (total amount)

Card Number: □□□□ □□□□ □□□□ □□□□

Expiry Date: __ __ / __ __  
Card Holder's name: ______________________

Card Holder's signature: ____________________