MARINA VIEW SCHOOL - YEAR 4
(Rooms 14,15,16)

On Tuesday 2 February 2010 your child would be at Year..... in Room No…….. with class teacher

……

Uniform Shop will be open from 9.00am to 12.00 noon on Thursday 28 January and Friday 29 January 2010.

YEAR 2010 SCHOOL STATIONERY
We strongly recommend children cover all exercise books and name all stationery.

Team Cain Syndicate (Rms 14, 15, 16)

PARENTS TO BUY THESE *OUTSIDE* SCHOOL

QUANTITY	CODE	DESCRIPTION
6	1B5	7mm Ruled – Exercise Book (Writing, Independent Writing Task, Reading, Homework, Integrated Studies, Handwriting/Spelling).
1	1E5	7 mm Quad - Maths Book
4		Scrapbook - Warwick Project 230mm x 327mm (not newsprint) – Chunk, Check, Cheer, Shared Reading, Maths, Art.
1		20 leaves A4 Clear File Worksheets)
6		HB Pencils - named please – sharpened too. (to be looked after by teacher).
1		Pencil Sharpener
1		Eraser
1		300mm or 30cm Ruler (not a bendy one)
1		Red Ball Point
1		Packet of coloured pencils (long)
1		Packets of Felt Pens
2		Glue Stick – 35gm size
1		Dark coloured whiteboard marker
1		Set of highlighters (4 assorted colours)

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Carry on with items from previous year: Library Bag Journal Bag

Please bring one box of tissues to share with class.

All new students will need to buy an AFL Burgundy Folder $2.00. and a Library Bag $4.00 from school office which will be open from 9.00am. to 12.00pm. on Thursday 28 January and Friday 29 January 2010.

SCHOOL LEVY:

The school relies on the payment of this levy to continue to fund extension programmes and extra resourcing for our children

Number of children	Full Year	Paid before 31 March 2010 10% Discount	Paid on per term Basis
1 child	**$190**	**$171**	**$47.50**
2 children	**$340**	**$306**	**$85.00**
3 children	**$430**	**$387**	**$107.50**
4 children	**$490**	**$441**	**$122.50**

n.b. **Payment can also be made by Electronic Transfer to our bank account with ASB Westgate – Account Number: 12 3085 0091522 004. Please ensure your child's name and room number appears on our statement.**

Remittance Advice

From Mr/Mrs/Ms: _____ For : _____Rm:_____
Parent / Caregiver's Name **Child / ren's Name/s**

School Levy $ _____

TOTAL ENCLOSED: $ _____