KURABY STATE SCHOOL - UNIFORM ORDER FORM



Expiry date: _____ CVV ____

Parents will be contacted to collect completed orders.

Full card number

Cardholder name:

Date:

- If, in the case that uniforms need to be exchanged for a different size, please make sure that all tags are intact and the items are returned in the plastic bags.
- > Items will **not** be exchanged if they are damaged or altered.

Please m	nake sure a	ll student det	ails are correc	t *A	receipt will be	e included wit	h all purchase	s.*	
First Name		Surname				Class			
Short Sleeve Polo Shirt \$30	Sz4	Sz6	Sz8	Sz10	Sz12	Sz14	Sz16	Total \$	
				S	М	L	XL	Total \$	
Long Sleeve Polo Shirt \$35	Sz4	Sz6	Sz8	Sz10	Sz12	Sz14	Sz16	Total \$	
Sports Shorts (boys & girls) \$16	Sz4	Sz6	Sz8	Sz10	Sz12	Sz14	Sz16	Total \$	
Girls Skort \$8.50					Sz12	Sz14	Sz16	Total \$	
Short Sleeve Dress \$32	Sz4	Sz6	Sz8	Sz10	Sz12	Sz14	Sz16	Total \$	
Long Sleeve Dress \$35	Sz4	Sz6	Sz8	Sz10	Sz12	Sz14	Sz16	Total \$	
Girls Leggings \$17.50						Sz14		Total \$	
Winter Jacket \$40	Sz4	Sz6	Sz8	Sz10	Sz12	Sz14	Sz16	Total \$	
Trackpants \$8.50						Sz14	Sz16	Total \$	
Bucket Hat \$8	Xs	Sml	Med	Lrg				Total \$	
				l	Villiania	Library B	ag \$9	Total \$	
						Hijab \$13		Total \$	
						Order to	tal	\$	
Paid by CASH 🗆	CREDIT	☐ Please fil	l in credit card	details below	<i>r</i> :				
Please charge my c	redit card fo	r the total amo	unt of \$	for th	e order above:				
Student Name:					Details of Payment		UNIFORI	UNIFORMS	
Class					Amount	Amount		\$	

Cardholder signature:

Daytime contact number: