



Uniform Order Form

Student's full name:						Student's class:			
Parent's name:						Phone number:			
<i>Unisex Micromesh Polo</i>	\$35	\$35	\$35	\$35	\$35	\$37	\$37		Total
Size	4	6	8	10	12	14	16		
Quantity									\$
<i>Shorts</i>	\$23	\$23	\$23	\$23	\$23	\$23	\$23		\$
Size	4	6	8	10	12	14	16		
Quantity									\$
<i>Formal Shirt</i>	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$
Size	4	6	8	10	12	14	16	18	
Quantity									\$
<i>Girls Skort</i>	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$
Size	4	6	8	10	12	14	16	18	
Quantity									\$
<i>Girls Dress</i>	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$
Size	4	6	8	10	12	14	16	18	
Quantity									\$
<i>School Jumper</i>	\$50	\$50	\$50	\$50	\$55	\$55	\$55	\$55	\$
Size	6	7	8	9	10	12	14	16	
Quantity									\$
<i>School Hat</i>	\$20	\$20	\$20						\$
Size	Sml	Med	Lge	Colour (please circle)					
Quantity				Green Red Yellow					\$
<i>Hair Accessories</i>	\$5	Flower	\$7	Bow - Lge	\$10	Twirl	\$12	Hairband	\$
School Bag \$50		Swimming Bag \$20		Logo Umbrella \$10					\$
Embroidered Homework Satchel \$25	Name:								\$
TOTAL									\$

Method of payment: CASH VISA MASTERCARD

Credit Card No. _____ / _____ / _____ / _____

Name on Card _____ Expiry Date ____ / ____ / ____ CCV _____

Signature _____ Date _____ Amount \$ _____

Please return completed form and payment to school office. Forms will be processed every week.

If you need to try sizes for your child, please contact

Marilena Tessarolo on 0411 427 549 or Antonia Medhurst on 0404 679 284.

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