



UNIFORM ORDER FORM

PARENT NAME: _____ CONTACT NO: _____

CHILD'S NAME: _____

QUANTITY	ITEM	SIZE	PRICE

Total: _____

I am paying by CASH / CHEQUE / CREDIT CARD :

GLEN KATHERINE PRIMARY SCHOOL CREDIT CARD PAYMENT

Name of Child : _____ Grade : _____

Payment amount of : _____ for payment of : _____

Please charge to : Bankcard Visacard Mastercard

Card Number : _____

Expiry date : ____ / ____

Card Holders name : _____

Signature : _____ Date: _____