Dimboola Memorial Sec. College
Year 10 Stationery List 2026

Please return completed Stationery Lists along with your payment details directly to Dimboola Memorial Secondary College by Tuesday 9th December 2025 or alternatively you can submit your order Online via the following link: https://sheltonandlane.com.au/order/

You may collect your parcel from Shelton & Lane on or after Friday 16th January 2026 or you may collect from the school on Tuesday 27th January 2026.

Student Name: _____ **Phone:** _____

Address: _____

**if you have resources left over from previous years you can use them in 2026*

Please tick box for all required items

ITEMS	✓	EACH	TOTAL
General - These items are used in all subjects			
1 x Document Wallet Polydoc Foolscap Clear		2.95	
1 x Eraser Large		0.60	
1 x Glue Stick Artline Clear 40gm		3.50	
1 x Highlighter Marker - Yellow		2.50	
1 x Index Dividers A4 5tab (Board)		1.10	
1 x Lever Arch File A4 PVC 70mm Black - Pack of 3		25.50	
1 x Pen Ballpoint Cap Type Blue Med Staedtler - Pack of 4		2.00	
1 x Pen Ballpoint cap Type Red Med Staedtler - Pack of 2		1.00	
1 x Pencils - Coloured Tri-Grip Pkt 12's		4.95	
1 x Pencil (HB) Tradition - Pack of 2		1.20	
1 x Plastic Sheet Protectors A4 heavy Duty (pack of 100)		14.00	
1 x Ruler 30cm Plastic Clear		1.20	
1 x Scissor Large General Purpose 210mm for Right Hand or:		5.00	
1 x Scissor Large General Purpose 210mm for Left Hand		5.00	
ENGLISH			
1 x 96 Page A4 Binder Book 8mm		2.20	
HUMANITIES			
1 x 96 page A4 Binder Book 8mm		2.20	
MATHEMATICS			
1 x Calculator Abacus Scientific SXIIMATRIXN		42.95	
1 x 96 page A4 Binder book 8mm (pack of 2)		4.40	
PHYSICAL HEALTH & EDUCATION			
* Provided by DMSC			

SCIENCE			
1 x A4 Display Book 20 Pocket Refillable		2.50	
1 x Loose Leaf Refills A4 Reinforced 8mm (pack of 100)		5.00	
WORK READINESS			
1 x Document Wallet Polydoc Foolscap Clear		2.95	
TOTAL $			

Payment Details

☐ **Mastercard**
☐ **Visa**

Card Name: _____ **Total Payment:** _$_____

Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Card Expiry: ___ ___ / ___ ___ **CCV:** ___ ___ ___

Signature: _____ **Date:** ___ / ___ / _____