

APS Options School

STUDENT LAST NAME: _____

Curriculum Order Form
Rev. 10/2014

Today's DATE: _____

Please fill this section out completely



Parent Name:
Phone:
Email:

Student Name:
Grade:
Options Site:

List only the books you want for personal HOME USE.

SUBJECT:	TITLE/PUBLISHER:	Level/Grade Of Curriculum	Consumable PRICE:
LANGUAGE ARTS			
MATH			
Math Manipulative kit (Saxon 1-3 only) <input type="checkbox"/> yes <input type="checkbox"/> no			
SCIENCE			
SOCIAL STUDIES			
FOREIGN LANG.			
ART			
OTHER			

PLEASE CHECK FOR ERRORS! THERE IS NO REFUNDS FOR CONSUMABLES PURCHASED.

X _____ Signature of Receipt _____ Date

By signing, I acknowledge that I am receiving this curriculum in acceptable condition and will assume responsibility to return or renew within 1 year or when completed, whichever comes first. I agree that I will replace any curriculum that is lost or damaged while in my possession and will return them upon withdrawing from the program.

AMT DUE: \$	AMT PAID: \$	CHECK #:	RECEIPT #:
Items not filled:	Wait listed	Order completed	Initials: