



301 W. Washington Blvd.
 Crescent City, CA 95531
 Phone: 707-464-0390
 FAX: 707-464-0700

ORDER FORM

Req. # _____

*All of the following information **MUST** be filled out completely and accurately for proper processing!*

Date _____

Student Name: _____

Order requested by _____ Phone # _____

The required academic courses (English, Math, Science, Social Studies, Fine Arts/Foreign Language) have to be covered first. Use of student allotment for PE, Art and Electives will be scrutinized and may not be approved if excessive expenditures occur. **Approximately 2/3 of the allotment should be spent on required courses, 1/3 on electives.**

The supervising teacher and parent/guardian verify that the course is listed on the student's Independent Study Master Agreement:

_____ Supervising Teacher Signature

_____ Parent/Guardian Signature

Vendor Name _____

Phone Number _____

Address _____

FAX Number _____

PLEASE PRINT CLEARLY!!!!!!

Product #	Quantity	Price Each	Description	ISBN #	Subject

PLEASE ORDER CAREFULLY: Once an order is placed (signed by parent/guardian and teacher) it will be charged to the student's allotment. There will be NO returns for reimbursement to a student's allotment.