

LEAP School

Curriculum Order Form (1 form per student)
Rev. 10/15

Student Last Name: _____

Today's date: _____

Parent Name:
Phone: best contact # ()
Email:

Student Name:
Grade (in Fall):

This Box Office Use Only

New Student	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Enrolled Before Oct 1st	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Book Account Clear	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

					<i>Office Use Only</i>	
SUBJECT:	TITLE / PUBLISHER:	GRADE or LEVEL:	Teacher Manual Needed Y / N	DATE FILLED:		
LANGUAGE ARTS						
Math Manipulative Kit Wanted (If available): Yes <input type="checkbox"/> No <input type="checkbox"/>						
MATH						
SCIENCE						
SOCIAL STUDIES						
ART						
OTHER						

Do NOT sign until you receive your curriculum

Parent/Guardian Signature

Date Received

I have received the above listed curriculum on this date. Any unusual wear or damage has been noted below. I agree that the curriculum will be returned in the same condition I have received it and I am responsible for any loss or further damage. I agree to pay for any loss or damage at the time of return.

Unusual wear/damage at time of lending and/or **Notes** (any damage noted must be initialed by LEAP Staff to be valid): _____