

TECHNOLOGY ORDER FORM FOR COMPENSATORY EDUCATION

Student Name:

Student ID:

Student D.O.B:

Date of Order:

Order Number:

Order Total:

Parent / Guardian Name:

Phone:

Email:

Mailing Address

Street Address:

City, State Zip Code:

Home delivery only!

Description of Item	Item Number	Cost per Item	Qty	Amount
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TOTAL COST:

By signing this document / report, I certify to the best of my knowledge and belief that the information is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Parent Signature