

One Day Academy - Registration – Math Department

Rachel Anderson

Please print clearly.

PARENTS *Primary* _____ *Cell* _____

Secondary _____ *Cell* _____

Primary e-mail _____

Family ODA # _____

STUDENTS

	<i>Name</i>	<i>Age</i>	<i>Course</i>	<i>Campus</i>
1.	_____	____	_____	_____
2.	_____	____	_____	_____
3.	_____	____	_____	_____

Allergies & medical conditions _____

COURSE	REGISTRATION FEE	MATERIALS	TUITION
Pre-algebra	\$25	Listed on the ODA website Order Supplements from ODA Bookstore	\$50
Algebra I	\$25		\$60
Algebra II	\$25		\$60
Geometry	\$25		\$60
Physics	\$25		\$60

Total of registration fees: _____ *Registration fees are non-refundable.*

AGREEMENT

- We agree to accept the policies of One Day Academy anytime we are on campus.
- I agree to pay the monthly tuition on the first class day of each month or pay a late fee of \$10.
- I have paid ODA my family registration fee for the current school year.

Parent signature

Date

Please mail to: Rachel Anderson, 1518 Bluefield Ct, College Station, TX 77845