Summer Skills School Order Form

Phone: 800-411-8186

School PO#_____

Date_____

School Name_____

School Address_____

_____

City_____State_____Zip_____

Email _____

Phone (_____) _____-_____

Contact Name_____

Title_____

Desired Delivery Date_____/_____/ 2024

Alternate Phone (_____) _____-_____

Number of Grade Level Books Desired

Review Book	Pre-K	Kindergarten	Grade 1 Review	Grade 2 Review	Grade 3 Review	Grade 4 Review	Grade 5 Review	Grade 6 Review	Grade 7 Review	Basic Math Review for the Middle Grades	High School Prep	Prealgebra Review	Algebra I Review	Geometry Review	High School Math Review	Math for Life Review	Total Books
Summer Math Skills Sharpener											NA						
Summer Language Arts Review										NA		NA					
Touch The Future Keyboarding	One level only - Recommended for Grades 3 - 6																
Study Skills Sharpener	One level only - Recommended for Grade 7 through High School																
Spanish I Review	One level only - Recommended for Middle / High School																
Spanish II Review	One level only - Recommended for High School																
French I Review	One level only - Recommended for Middle / High School																

Call 800-411-8186 to place your order with a Summer Skills team member. Hours: 9 a.m. - 5 p.m. EST, Monday-Friday.

Email your completed form to: **schoolorders@summerskills.com**.

Mail your completed form to:
Summer Skills
2921 Wilson Dr. NW
Grand Rapids, MI 49534
(Remember to make a copy for your records.)

Fax your completed form to: **800-280-9269**.
Please call to verify receipt of fax. Do not mail the order form after you have faxed it.

Method of payment: (**Check payable to Summer Skills**) Check enclosed ☐ Check to follow ☐ Credit Card ☐ (We accept Visa, MasterCard, American Express and Discover.) Tax Exempt Certificate Enclosed* ☐

Payment is due upon receipt of books

Included: Free UPS Ground Shipping for schools

Total Books _____ X $_____ ea. = _____
Amount Due

Please email my invoice to _____

Billing address:

_____

_____

City_____State_____Zip_____

Credit Card Information:

Acct. Name_____

Acct. No._____Exp._____CVV_____

Shipping Address **(if different from billing)**

_____

_____

City_____State_____Zip_____

Is this a residence? Yes ☐ No ☐

* To assist in our efforts to comply with changing sales tax laws, please enclose a properly executed sales tax exemption certificate if you are an exempt school.