

THIS IS NOT AN ORDER FORM. Please do not mail or fax this form to ALEKS. Use this form to prepare your ordering information before submitting your online order at: www.aleks.com/k12/ordering_information

1. Select Subscriptions

Identify the total number of subscriptions you need for all schools in your order. Enter the total number in the boxes on the right.

Note: *Use the back of this form to organize notes about additional schools, teachers, and classes that should be set up in ALEKS, if necessary.*

3. Payment Information

Identify the payment method you will be using (either the P.O. # or credit card information). Credit card payment must be provided for all international orders.

Note: *If you use your personal credit card, we are still required to mail the paid invoice to the school address you provide below.*

4. Billing Information

Where should we send the invoice? Must be a school or district address.

Billing Contact: Identify the billing contact person. This is the person we will contact in case we have questions regarding order payment.

Select Subscriptions for All of Your Schools

Subscription Length

- K12 - 12 Month (\$40.00/student)
- K12 - 40 Week (\$35.00/student)
- K12 - Seven Month (\$31.25/student)
- K12 - Five Month (\$27.50/student)
- K12 - Three Month (\$25.00/student)
- K12 - Two Month (\$22.50/student)
- K12 - One Month (\$20.00/student)
- K12 - Assessment Only (\$5.00/student, 100 subscription min.)

AP Statistics (Quantitative)

- K12 - 12 Month - AP Stats (\$90.00/student)
- K12 - 40 Week - AP Stats (\$70.00/student)
- K12 - Five Month - AP Stats (\$40.00/student)

QuickTables Stand-Alone

- K12 - 12 Month - QuickTables Only (\$10.00/student, 10 subscription min.)
- K12 - 40 Week - QuickTables Only (\$7.00/student, 10 subscription min.)
- K12 - Five Month - QuickTables Only (\$5.00/student, 10 subscription min.)

MS Rtl Screening Assessment

- K12 - MS Rtl Screening Assessment (\$10.00/student, 100 subscription min.)

of Subscriptions
(1 per student)

School and Teacher #1

School Name: _____
 Teacher Name: _____
 Teacher Email: _____

Class #1

Subscription Length (see section 1): _____
 Course Being Taught: _____
 Course Grade Level: _____

Purchase Order # OR Credit Card Information

P.O. #

Credit Card Number: _____
 Expiration Date: _____
 Name on Card: _____
 Card Billing Address: _____
 City/State/Zip: _____

Institution Name: _____
Attention (c/o): _____
Address: _____
City/State/Zip: _____
Billing Contact Name: _____
Phone Number: _____
Email: _____

To place your order, visit: www.aleks.com/k12/ordering_information