

One Day Academy
Summer Mathematics
David Swarbrick

PARENTS

Dad _____ His cell _____
 Mom _____ Her cell _____
 Family E-Mail _____ ODA NUMBER _____

STUDENTS

	NAME	COURSE	LOCATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SUMMER TUITION

SUMMER REGISTRATION

SUMMER TOTAL

1 Course	\$ 150	# of courses	_____	Tuition _____
2 Siblings	\$ 270			
2 Courses	\$ 225	X \$20 / course		Registration _____
3 or more	\$ 300	TOTAL	_____	
				TOTAL _____

ACCEPTANCE

- We agree to accept the policies of One Day Academy any time we are on campus.

Parent Signature

Date

Please return to any campus, or mail to: David Swarbrick | 4300 Lost Oasis Hollow | Austin 78739