

# Curriculum Re-Order

To use this order form you must already be enrolled in M.C.A.

Midwest Christian Academy  
2905 Gill St., Bloomington, IL 61704  
Phone 309-663-4477 Fax (309) 834-0160

\*Parents \_\_\_\_\_ \*Phone (\_\_\_\_\_) \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_ \*Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ \*Today's date \_\_\_\_\_

**Please send the next quarter's work for my student:**

ID # \_\_\_\_\_ Student's Name \_\_\_\_\_

**Please send the following repeat PACEs**

Subject	Student's Test Score	PACE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please send the following extra PACEs: Must be ordered in sets of 3.**

Subject \_\_\_\_\_

Subject \_\_\_\_\_

**For cost on each of the above, see price list on Registration and Fees page**

## PAYMENT INFORMATION

Mastercard \_\_\_\_ Visa \_\_\_\_ Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name as it appears on front of card: \_\_\_\_\_ Exp Date (Mo/Yr) \_\_\_\_ / \_\_\_\_

Security Code (last three numbers on signature strip on back of card) \_\_\_\_\_ \*Total Amount \$ \_\_\_\_\_

I will call with my credit card information.