

## Renewal for Basic School Subscription

Name of School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Grade Levels: \_\_\_\_\_ Student Population: \_\_\_\_\_ Number of Teachers: \_\_\_\_\_

**Basic School Subscription: \$50 for 12 months**

Contact Person's E-mail Address: \_\_\_\_\_  
(You will receive an e-mail at this address confirming your subscription, including your school's User ID and Password.)  
Contact Person's Full Name: \_\_\_\_\_

**Log-in information** You may keep your current User ID and Password OR you may request a different ID and Password. Please check the boxes below to indicate if your Log-in information remains the same or changes.

Log-in User ID: \_\_\_\_\_ (case sensitive) \_\_\_ current \_\_\_ new  
Log-in Password: \_\_\_\_\_ (case sensitive) \_\_\_ current \_\_\_ new

**Purchase Order Number** \_\_\_\_\_

**OR** \_\_\_\_\_ **Mastercard** \_\_\_\_\_ **Visa**

Credit card number: \_\_\_\_\_

Expiration month: \_\_\_\_ year: \_\_\_\_ Security digits: \_\_\_\_

Name on Card \_\_\_\_\_

Signature: \_\_\_\_\_

Is the card's BILLING address the same as the school address? \_\_\_ yes \_\_\_ no

If not: Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**I have read the following terms and accept them:**

A Basic School Subscription provides access for **all students and staff in one school** during normal school hours. The activation time is **8:00 a.m. to 5:00 p.m.**, your local time, **Monday through Friday**, for 12 months. The User ID and Password may be shared with students and staff. If requested, the activation time may be adjusted to meet the needs of your school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_