

Individual Teacher Subscription \$20

An Individual Teacher Subscription provides access for **one teacher** in **one classroom** in **one school building** 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 Username and Password may be shared with one classroom of students. If requested, the 9-hour activation time may be adjusted to meet the needs of your classroom.

New

Renewal

Name of **School**: _____

School Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Fax: _____

Teacher's Full Name: _____

Teacher's email Address: _____

(The teacher will receive an email at this address confirming the subscription, including your class's Username and Password.)

Grade Level: _____ Number of students in your classroom: _____

Classroom Log-in information (Username and Password: a minimum of 3 letters or a combination of 3 letters/numbers.)

Preferred Log-in Username: (to be used by your classroom students) _____ (case sensitive)

Preferred Log-in Password: (to be used by your classroom students) _____ (case sensitive)

Purchase Order Number _____ **OR** **Prepay by check** **OR** **Mastercard** **Visa**

If credit card: Credit card number: _____

Expiration month: _____ year: _____ Security digits: _____

Name on Card: _____

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

If not: Street address _____

City _____ State _____ Zip _____

▶ Name of the person filling out this form: _____

Date: _____

How did you learn about us? _____