

School Registration Form

This form registers the School as a member of the Learning Solutions Partnership Ltd Interactive mapping website.

School Name: _____

School Address: _____

Post Code: _____

Telephone Number: _____

Email Address: _____

School Number (URN): _____

Name of School Super User (This is the person who will have the ability to co-ordinate the school's users, allocate school users, monitor their school's use of the system, liaise with Learning Solutions Partnership Ltd and be responsible for payment.)

School Password of your choice _____

NB.The Super User will need to complete their own registration form if they want to use the site for their own personal mapping use.

Please send this completed form together with

- **the Individual Tutor's registration details**
- **cheque for £600 – one year's membership subscription for up to 10 users.**
- **further users are an extra £55 per user per year**

Cheques made payable to: Learning Solutions Partnership Limited.

**To: Learning Solutions Partnership Limited.
19 Boyes Crescent, St Albans, Herts, AL2 1UB**

Number of individual tutors forms attached

On receipt of the payment, Learning Solutions Partnership Limited will activate the account and email all users their passwords.



**Individual Tutor's Registration Form –1 form per user
(non transferable - see terms and conditions of use)**

This entitles the Tutor to access the Member's Area to use the Interactive Mapping. This will require registration of your name, choice of password and your Teacher Number (URN)

School Name: _____

Tutor/Teacher Full Name: _____

Tutor/Teacher Unique Reference Number: _____

Email address: _____

Your password will be allocated to you and sent via email when your School/College account is registered.

