



## SUBSCRIPTION FORM (02)

### **BASIC INFORMATION** *(Enter details in the spaces provided using UPPERCASE LETTER)*

School Name:	
Location/Address:	
Contact Person (Fullname):	
Position (e.g. Proprietor):	
Phone Number(s):	
Email (If available):	

### **SUBSCRIPTION TYPE** *(Indicate by entering YES or NO)*

PER TERM	PER SESSION	ONE-TIME

### **SCHOOL GRADING SYSTEM** *(Indicate by entering correctly your school grading options)*

VALUES FROM:	VALUES TO:	GRADE LETTER	REMARKS
e.g. 50	e.g. 60	e.g. C	e.g. GOOD

### **SUBMISSION**

**Please Note:** Completed form is to be forwarded as e-mail attachment to:  
[subscription@schoolacts.com](mailto:subscription@schoolacts.com)