

Dear Principal,

The purpose of this form is to confirm your school's usage of the Springwell Online StudyGuide and Study Skills programs. Your students will receive access to the Online StudyGuide and Study Skills programs at no cost to them or your school. This program is provided and delivered by Springwell.

To receive the benefits of the StudyGuide and Study Skills programs, the following is required:

1. Enroll as a participant in the StudyGuide and Study Skills program by completing this agreement.
2. Place a link for the Springwell StudyGuide and Study Skills program on your school's web site.
3. Designate an appropriate Springwell liaison, or contact person, to coordinate program setup and distribution of information to students and their families.
4. Inform parents of the StudyGuide and Study Skills programs and how they can register their students for the program.

In return, Springwell agrees to provide assistance in setting up the link on your website and provide informational materials for parents to the designated Springwell liaison. Students whose parents complete the registration process will have access to the StudyGuide and Study Skills program for six months at no charge.

Springwell will NOT provide parent or student information to any third-party entity.

The term of this agreement is the 2007-2008 academic year.

By authorizing and submitting the form below, your school is agreeing to provide the Springwell Study Skills programs to your students.

Welcome! Please signify your consent by clicking the box provided below and filling out the following form.

**Please sign our school up for your FREE offer giving our students 6 months of access to the Online Study Skills program.**

By checking this box, I    
First Name Last Name  
certify that I am the Principal of  and I will ensure that the aforementioned  
School Name  
school abides by the requirements set forth in this agreement.

**Contact Information:**

Contact's First Name:  Contact's Last Name:   
Contact's Email Address:   
School Address:   
  
City:  State:  Zip Code:   
Contact's Phone:  Contact's Fax:

Principal's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_