

[Date]

Dear Parent or Caregiver,

Please see below the personal login details for your daughter/son. I believe your daughter/son will make the most of the 30 day free trial of Education Perfect. This free access is going to expire on [Date]. Should you wish your daughter/son to purchase a 12 month licence, please pay $40 to the [School Office] by [Date].

* Content has been built to follow the New Zealand curriculum and teachers work with our subject experts to further customise content, to match their teaching needs.
* Multiple testing modes: improve understanding, recall, and higher-order thinking.
* Instant feedback: competition aspect with scoreboards, and a global community of learners.
* Access from anywhere with a computer – at home, at school, on holiday, on sick days…
* Touch Device Compatible – iOS and Android applications available.
* Teachers receive reports showing which areas of the curriculum students found most difficult, so they can tailor their teaching to areas needing attention.
* Enabling a "flipped classroom" – students can come to class familiar with the content, enabling teachers to spend more time on advanced topics.
* Differentiated learning – every student can be working on a different task according to their strengths and weaknesses, and teachers can track their progress and achievement.
* One licence may only be used by one student.

If you have any enquiries, please do not hesitate to contact me at school.

Yours faithfully,

[Teachers name]

[Position]
[School Name]

**30 day free trial of Education Perfect**

User name: No spaces and not case sensitive

Password:No spaces and not case sensitive

**$40 Education Perfect Licence**

I (parent/caregiver) would like to purchase a licence of the online learning software, Education Perfect for my daughter/son.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Caregiver’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the receipt here: