



Digital License Form

Please complete this form with the correct information.

Note: *Each product license purchased is for ONE CLASSROOM ONLY. Use of any one Lone Star Learning license in multiple classrooms is strictly prohibited.*

License Administrator Information * Indicates a required field

This will be the on-site, school contact responsible for managing all users under the administrator account.

License Administrator Name*: _____ Email*: _____

Phone*: _____

School District*: _____ School*: _____

Please Enter Full District Name

Principal Name: _____ Email: _____

Lone Star Learning Plus users only

LMS (Learning Management System): _____

(We recommend Google Classroom for the smoothest experience, but are compatible with most LTI 1.3 integrations.)

By entering your name below and submitting this form you hereby agree to the terms and conditions as set forth by Lone Star Learning in the attached license agreement.

Date*: _____ Completed by*: _____

This is a digital form that may be filled out with Adobe Reader or Adobe Acrobat.

*Save your document and email to **gala@lonestarning.com** when complete. If you are unable to send this form via email, you may choose to print this form and fax it to us at **806-281-1407**.*