**SCHOOL’GEST REGISTRATION FORM**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| School’s name: |  |
| School’s address: |  |
| City / Town: |  |
| Country: |  |
| CEO: |  |
| CEO’s phone number: |  |
| CEO’s email: |  |
| School’s phone number: |  |
| School’s email: |  |

**NUMBER OF STUDENTS**:

**TYPE OF SCHOOL** (GENERAL EDUCATION / LEARNING CENTER):

**CYCLE**(ELEMENTARY/JUNIOR/MIDDLE/HIGH SCHOOL):

**HOW OLD IS YOUR SCHOOL?**

**THE DELEVERING DATE YOU WANT**:

**SELECT THE OPTIONS YOU WANT**:

|  |  |
| --- | --- |
| X | SchoolGest Admin (included) |
|  | SchoolGest Accounting |
|  | SchoolGest Teachers’ Access  |
|  | SchoolGest Parents’ Access |
|  | SchoolGest Students’ Access |

Fill out the form and send it to: co ntact@famory-sissoko.tech