Department of	
Education	

MEMORANDUM of AGREEMENT

Applicant Agency: Johnson City Schools

I understand that the above agency plans to submit a

- 21st Century Community Learning Centers Program (CCLC) application
- X Lottery for Education: Afterschool Programs (LEAPs) application

to the TN Department of Education. Our school/district agrees to the following responsibilities to ensure successful programming to our students and their family members:

- 1. To provide on-going opportunities for meaningful communication between the school staff and the 21st CCLC/ LEAPs program staff;
- 2. To provide opportunities for school staff and 21st CCLC/ LEAPs program staff to plan, coordinate and integrate curricular needs within the afterschool activities;
- 3. To assist in tracking student enrollment, academic and discipline information via the Student Information System package (SIS). Assigned school/district staff will receive participant enrollment information from the 21st CCLC program staff once per semester and will "flag" program participants in the SIS package for 21st CCLC and/or LEAPs under student classification; and,
- 4. To assist in obtaining all relevant student data including grades, state assessment, attendance, parent, teacher or student surveys for evaluating student progress and program effectiveness for mandatory state and federal reports. It will be the responsibility of the 21st CCLC/LEAPs program staff to obtain parental/legal guardian consent for the sharing of student information. The school/district expects the 21st CCLC/LEAPs program staff to maintain student confidentiality of records within the guidelines of state and federal requirements.

Certification of Participation of School or District Name of School or District: Johnson City Schools Mailing Address: PO Box 1517 Johnson City, TN 37605 Phone: Fax: 423 434-5200 423 218-0549 School or District Authorized Signature: Date: School or District Signatory Printed Name and Title: Dr. Steve Barnett, Superintendent of Schools Applicant Agency Authorized Signature: Applicant Agency Signatory Printed Name and Title: Dr. Robbie Anderson, Supervisor of Accountability & School Improvement