# 21st CCLC Memorandum of Agreement

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| **MEMORANDUM of AGREEMENT** | |
| **Applicant Agency:** Click or tap here to enter text.  I understand that the above agency plans to submit a 21st Century Community Learning Centers Program (CCLC) application to the Tennessee Department of Education. Our school/district agrees to the following responsibilities to ensure successful programming for our students and their family members:   1. To provide ongoing opportunities for meaningful communication between the school staff and the 21st CCLC program staff; 2. To provide opportunities for school staff and 21st CCLC 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). To this end, 21st CCLC staff will need assistance in obtaining the state-issued student identification number. 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*** under student classification; and 4. To assist in obtaining all relevant student data including grades, grade point average, state assessment, attendance, family, 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 program staff to obtain parental/legal guardian consent for the sharing of student information. The school/district shall ensure that 21st CCLC program staff 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:Click or tap here to enter text. | |
| Mailing Address:Click or tap here to enter text. | |
| Phone:Click or tap here to enter text. | Email:Click or tap here to enter text. |
| School or District Authorized Signature: | Date:Click or tap here to enter text. |
| School or District Signatory Printed Name and Title:  Click or tap here to enter text. | |
| Applicant Agency Authorized Signature: | Date:Click or tap here to enter text. |
| Applicant Agency Signatory Printed Name and Title:  Click or tap here to enter text. | |