

The Subscribing LEA and the Provider Family Zone, Inc. shall therefore be bound by the same terms of this DPA.

BY: _____

Date: _____

Printed Name: _____

Title/Position: _____

SCHOOL DISTRICT NAME: _____

DESIGNATED REPRESENTATIVE OF LEA:

Name _____

Title _____

Address _____

Telephone Number _____

Email _____

COUNTY OF LEA:
