EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terr				
Provider offers	the same privacy protections four	nd in this DPA between	it and I	Bristol Warren Regional Schoo
District ("Origin	nating LEA") which is dated	4/12/21 to a	any othe	er LEA ("Subscribing LEA") who
accepts this Ge	neral Offer of Privacy Terms ("Gene	eral Offer") through its s	ignature	e below. This General Offer shal
extend only to	privacy protections, and Provider's	s signature shall not no	ecessaril	y bind Provider to other terms
such as price, to	erm, or schedule of services, or to a	ny other provision not	address	ed in this DPA. The Provider and
the Subscribing	g LEA may also agree to change the	e data provided by Sub	scribing	LEA to the Provider to suit the
unique needs o	of the Subscribing LEA. The Provider	may withdraw the Ger	neral Off	er in the event of: (1) a materia
change in the a	ipplicable privacy statues; (2) a mate	erial change in the servi	ces and	products listed in the originating
Sorvice Agreem	nent; or three (3) years after the da	te of Provider's signatu	re to thi	s Form.
Subscribing LE/	As should send the signed Exhibit "I	F" to Provider at the fol	lowing	email address:
	ince & Wilson Lan			
1-640	The Course Car	July 100		
WILSON LAN	IGUAGE TRAINING CORPORA	TION		
WILSON LAN	IdoAde Mailting Com Gur	11011		4/42/2024
BY:	and lection	7	_Date: _	4/12/2021
Printed Name:	Edward Cullinane	Title/Position	SR Dire	ector Of Finance
Printed Name.		nac, rosalom		
2. Subscribing	IFA			
A Subscribing I	EA, by signing a separate Service A	reement with Provider	, and by	its signature below, accepts the
Goneral Offer of	of Privacy Terms. The Subscribing LE	A and the Provider sha	II therefo	ore be bound by the same term
of this DBA for	r the term of the DPA between the	he Bristol Warren Reg	ional Sc	hool District and the Provider
**DDIOD TO I	TS EFFECTIVENESS, SUBSCRIBING	LEA MUST DELIVER N	OTICE (OF ACCEPTANCE TO PROVIDE
	ARTICLE VII, SECTION 5. **	LEAT MICON DELICATION IN	S.M. Tand	
PURSUAINT TO	ARTICLE VII, SECTION 3.			
Subscribing LE	A: (School District Name):			

By: Sue Wisniewski Date: 2021-07-15

Printed Name: <u>Sue Wisniewski</u> Title: <u>Program Support Assistant</u>

SCHOOL DISTRICT NAME: Concord Public Schools
DESIGNATED REPRESENTATIVE OF LEA:

Name: Sue Wisniewski

Title: Program Support Assistant

Address: 93 Laurel St, Concord, MA 01742

Phone: <u>978-318-1500</u>

Email: swisniewski@concordps.org