## EXHIBIT "A" AMENDMENT TERMS

A Subscribing LEA, by its signature below, accepts the terms and conditions of this Amendment. For purposes of this Amendment, references to LEA shall mean and include the Subscribing LEA. The Subscribing LEA's individual information is contained below. The Subscribing LEA and the Provider shall therefore be bound by the same terms and conditions of this Amendment with respect to its General Offer of Privacy Terms.

BY:	 	Date:	
Printed Name:	 Title/Position:		
SCHOOL DISTRICT NAM DESIGNATED REPRESEN			
Name _	 		
Title _			
Address _			
Telephone Number			
Email _			
COUNTY OF LEA:			

By: <u>Dr. Tina Rogers</u> Date: <u>2023-10-18</u>

<u>LeaPriinterd Name: Dr. Tina Rogers</u>
Title/Position: <u>Assistant Superintendent of Teaching and</u>

SCHOOL DISTRICT NAME: Franklin Public Schools

## DESIGNATED REPRESENTATIVE OF LEA

Name: <u>Lucas Giguere</u> Title: Superintendent

Address: 355 East Central Street, Suite 3 Franklin, MA

Telephone Number: <u>508-553-4819</u> Email: <u>giguerel@franklinps.net</u>

COUNTY OF LEA: MA