

The Subscribing LEA and the Provider _____ shall therefore be bound by the same terms of this DPA.

BY: Jim Goltz

Date: _____

Printed Name: Jim Goltz

Title/Position: Superintendent

SCHOOL DISTRICT NAME: Elder Grove School District

DESIGNATED REPRESENTATIVE OF LEA:

Name Jim Goltz

Title Superintendent

Address 1532 S 64th St West Billings, MT 59106

Telephone Number 406-656-2893x4

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COUNTY OF LEA:

Yellowstone