


**EXHIBIT "E"**

**GENERAL OFFER OF PRIVACY TERMS**

**1. Offer of Terms**

Provider and the Subscribing LEA (whose name is indicated below) by signing this General Offer of Privacy Terms ("General Offer") agree to be bound by the same terms as the DPA between Provider and Rose Bud School District ("Original LEA") dated 2024-02-07. Provider and Subscribing LEA agree that the information below will be replaced throughout the DPA with the information specific to the Subscribing LEA filled in below for the Subscribing LEA. This General Offer shall extend only to the terms set forth in this DPA and shall not bind Provider or Subscribing LEA to any other terms entered into between Provider and Original LEA. Any commercial terms, such as price, term, or schedule of services, or relating to Subscribing LEA's use of the Provider's Services shall be determined solely between Provider and Subscribing LEA. The Provider and the Subscribing LEA may also agree to change the Student Data indicated on the Schedule of Data to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a material change in the applicable privacy statutes; (2) a material change in the Services and products listed in the Service Agreement; or one (1) years after the date of Provider's signature to this Form. Subscribing LEAs should send the signed **Exhibit "E"** to Provider at the following email address: [districts@classdojo.com](mailto:districts@classdojo.com).

**ClassDojo, Inc.**

BY:  Date: 02/06/2024

Printed Name: Elisette Weiss Title/Position: District Partnerships

**1. [Name of Subscribing LEA] ("Subscribing LEA")**

A Subscribing LEA, by signing a separate Service Agreement with Provider, and by its signature below, accepts the General Offer of Privacy Terms. **\*\*PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. \*\***

BY:  Date: \_\_\_\_\_

BY: \_\_\_\_\_ Date: 02/01/2024 Position: \_\_\_\_\_

Printed Name: Dr. Chris Nail Title/Position: Superintendent

School District Name: Beebe Public Schools

DESIGNATED REPRESENTATIVE OF LEA:

Name: Dr. Chris Nail

Title: Superintendent

Address: 1201 W Center Street Beebe, AR 72012

Telephone Number: 501-882-5463

Email: Cnail@beebeschools.org

Address: \_\_\_\_\_ Date: 02/01/2024

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_