EXHIBIT "E"

GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider and the Subscribing LEA (whose name is indicate	ed below) by signing this General Offer of Privac	y Terms
("General Offer") agree to be bound by the same terms a	s the DPA between Provider and $\underline{\hspace{0.1cm}}$ Rose $\underline{\hspace{0.1cm}}$ Bud $\underline{\hspace{0.1cm}}$	chool District
("Original LEA") dated Provider	and Subscribing LEA agree that the information	below will be
replaced throughout the DPA with the information specifi	ic to the Subscribing LEA filled in below for the S	Subscribing LEA.
This General Offer shall extend only to the terms set forth	n in this DPA and shall not bind Provider or Subs	cribing LEA to any
other terms entered into between Provider and Original I	EA. Any commercial terms, such as price, term	, or schedule of
services, or relating to Subscribing LEA's use of the Providence	ler's Services shall be determined solely betwee	n Provider and
Subscribing LEA. The Provider and the Subscribing LEA m	nay also agree to change the Student Data indica	ated on the
Schedule of Data to suit the unique needs of the Subscrib	ing LEA. The Provider may withdraw the Genera	al Offer in the
event of: (1) a material change in the applicable privacy s	tatutes; (2) a material change in the Services an	d products listed
in the Service Agreement; or one (1) years after the date	of Provider's signature to this Form. Subscribing	g LEAs should
send the signed $\underline{\text{\bf Exhibit "E"}}$ to Provider at the following e	mail address: districts@classdojo.com.	
ClassDojo, Inc.		
Majalla 10 a Na	00/06/0004	
BY: CHILTOCOLOR	Date:02/06/2024	
	District Date of the	
Printed Name: Elisette Weiss	Title/Position: <u>District Partnerships</u>	
1. [Name of Subscribing LEA] ("Subscribing LEA")		
1. [Name of Subscribing LLA] (Subscribing LLA)		
A Subscribing LEA, by signing a separate Service Agreeme	nt with Provider, and by its signature below, acc	epts the General
Offer of Privacy Terms. **PRIOR TO ITS EFFECTIVENESS, SI	UBSCRIBING LEA MUST DELIVER NOTICE OF ACC	EPTANCE TO
PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **		
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BY: Sh' May	Date: 9/23/2024	
BA: ()	Date:9/23/2024	
Distribution Charles	Title/Position: Technology Coord/CTE T	eacher
Printed Name: Sherri May	Title/Position:Technology Coord/CTE T	<u> </u>
CCUCOL DISTRICT NAME. Manuel Ide Cohe al District		
SCHOOL DISTRICT NAME: Mount Ida School District		
DECICALATED DEDDECENTATIVE OF LEAVING AS A Charmin	A	
DESIGNATED REPRESENTATIVE OF LEA: Name: Sherri N	лау	
Title: Technology Co		
Title: Technology Coord/CTE Teacher		
Address: PO Box 1230; Mount Ida, AR 71957		
Telephone Number: 8 <u>70-867-2323</u>		
Email:sherri.may@mtidalions.org		