

Memorandum of Understanding

This Memorandum of Understanding Agreement is between _____ and _____ . The mission is to develop a FREE after-school mentoring/tutoring program to benefit neighborhood at-risk and economically disadvantaged students. This Memorandum of Understanding (MOU) will be effect for the life of the program, with an annual evaluation period in June of each year.

If either party chooses to terminate this partnership written notification will be given no later than April 2 of the current school year.

This program is offered to at-risk families at no cost, and does not discriminate based on race, creed, gender, national origin or religion. Great Kids will not engage in proselytizing or support any activities that constitute coercion of the students or their families to participate in religious services or other religious activities.

It is further agreed that all participants will be respectful and cooperate to the fullest with each other to insure the success of the program. The agreement is as follows:

(The Partnering church) will:

- Provide a Program Coordinator
- Oversee recruitment and training of volunteer Mentors and Tutors
- Provide student enrollment package, consisting of: medical form, registration card, and approved school parental permission form and Parent/Portal form for acquiring child's school records
- Provide administration, curriculum and educational resources
- Track outcomes and assist in preparing evaluation and student progress reports
- Agree to bi-annual meetings for student assessments or as needed for special challenges
- Provide an annual program report to partnering school.
- Cooperate to the fullest with the County or other school administrative authority

(the partnering school) will:

- Provide a contact person in the school, preferably the Guidance Counselor
- Identify appropriate at-risk and/or economically disadvantaged students for referral
- Oversee the enrollment process
- Obtain Parent permission to share academic records
- Provide copies of student report cards for each reporting periods with parent permission
- Provide student's proof of Title 1, interims, evaluations, and testing results as needed with parent permission
- Advise on the academic, social and emotional needs of each student
- Agree to bi-annual meetings with the school contact person or Guidance Counselor for student assessments or as needed for special challenges

All information is to be held confidential. Release of student information will be made available with **signed parental consent** or in cooperation with law enforcement investigations in compliance with local, state and federal laws and statutes.

Name of Church _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

Name of School _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Signature: _____ Title: _____

Print Name: _____ Date: _____