# SCHOOL DISTRICT LETTER OF AGREEMENT
# MIDDLE SCHOOL
# SY 10/11

Pennsylvania 21st Century Community Learning Center Roles and Responsibilities

**SCHOOL DISTRICT OF THE CITY OF YORK**

Name of Participating Entity/Agency Organization

**And**

**HELENA MYERS**

Name of Public/Private Entity Applicant

Are committed to implementing a comprehensive 21st Century Community Learning Center program that provides meaningful, academically based after-school activities and extended learning opportunities for children in the district and their families. This effort will draw on all available community resources, recognizing that many diverse groups and individuals have important contributions to make. The entities named herein recognize the necessity for continual collaboration among local partners for the development, implementation and continuous program improvement of dynamic after school educational opportunities for youth and their families in the community/city of

**York**

The collaborators will strive to accomplish 21st Century Community Learning Center objectives that are specific to their own area(s) of involvement. Examples of that involvement are listed at the end of this document. The above-named applicant pledges to collaborate with the above-named agency/entity/organization to provide the following items/services:

**Mrs. Helena Myers will provide the service of School Health Aide. She will split her time between Hannah Penn and Edgar Fahs Middle Schools. Mrs. Myers will be responsible for the distribution of medication, and attend to students who are sick or injured**

**@ $16/hr x 12 hrs wkly x 17 wks = $3,264**

**In the event the School District cancels or terminates the program, the School District shall be reimbursed or refunded an amount equal to the remaining number of hours of service which had not been performed at the time of cancellation or termination multiplied by the hourly rate of service.**

***This contract will be cancelled in the event the above named Service Provider is absent three (3) or more times during the session.**

| | | |
|---|---|---|
| Helena Myers | **Helena Myers** | Health Aide |
| Signature | Typed Name | Title |
| Agency/Entity/Organization | | Date |
| | **Eric Holmes** | **Acting Superintendent** |
| Signature | Typed Name | Title |
| **School District of the City of York** | | |
| Public/Private Entity Applicant | | Date |

RECEIVED
APR 0 5 2011
BY