



Seesaw, Inc.  
548 Market Street  
PMB 98963  
San Francisco, CA 94104 US  
Billing: ar@seesaw.me

Bill To  
Temple Independent School District  
401 Sant Fe Way  
Temple Texas 76501

End User  
Temple Independent School District

Contract Summary	
Order Form Number: Q-37171	Payment Terms: Net 30
Expiration Date: July 10, 2024	Billing Frequency: Annual
Contract Start Date: August 1, 2024	Contract End Date: July 31, 2027
Contract Subscription Term: 36.0 months	
Contract Notes: *5% additional discount on Seesaw Instruction & Insights is included for 3-year multi-year purchase *Bundle of 5 virtual PD sessions included each year (15 total)	
	Grand Total: USD 74,310.72

Product Name	Description	Subtotal
Seesaw Instruction & Insights	Access to the Premium Tier Learning Experience platform for teachers, students, families, and administrators. Includes award-winning multimodal tools, digital portfolios, two-way communication in over 100 languages, and the full Seesaw Library with thousands of standard & curriculum-aligned lessons PreK-6 in all subject areas.	USD 68,910.72
PL - Professional Development - Five Course Bundle	Bundle of 5 virtual professional development sessions **Professional Learning Services expire 12 months from purchase**	USD 5,400.00
Setup Fee		USD 0.00
<b>TOTAL:</b>		USD 74,310.72

For more information on funding resources, please review our [Funding Guide](#).

**Key Contacts**

**Admin Sponsor**

Decided to purchase (or renew) Seesaw. Will be included in conversations about our partnership progress

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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

**Seesaw Lead**

Responsible for Seesaw training and adoption. Main Seesaw point of contact throughout the contract



Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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

**Tech Lead (Who can help set up your school?)**

Lead for Seesaw's technical implementation. Point of contact for technical issues or updates.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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

**Billing Contact - Accounts Payable (Who will pay the invoice?)**

Receives invoices. Point of contact on payment-related matters.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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

**School Address**

Address: \_\_\_\_\_  
State: \_\_\_\_\_

City: \_\_\_\_\_  
Zip/Post Code: \_\_\_\_\_

**Purchase Order Information**

PO Number  
(if  
required): \_\_\_\_\_



**Tax Information**

Is your school or district tax exempt?

\_\_\_\_\_  
If yes, please provide your tax ID  
number  
\_\_\_\_\_

**Terms and Conditions**

Upon signing by Customer and submission to [web.seesaw.me](http://web.seesaw.me) or your sales representative, this Order Form shall become legally binding unless this Order Form is rejected by Seesaw Learning, Inc. for any of the following reasons: (1) the signatory below does not have the authority to bind Customer to this Order Form, (2) changes have been made to this Order Form (other than completion of the purchase order information and the signature block), or (3) the requested purchase order information or signature is incomplete or does not match our records or the rest of this Order Form.

Sales and use tax, if applicable, will be shown on your invoice. Tax exempt customers will be asked to provide proof of exemption. Total amount does not include sales/value added/applicable withholding taxes as required by local jurisdiction. If Seesaw is responsible for collecting and remitting taxes, the taxes will be invoiced to customer, unless customer provides Seesaw with a valid tax exemption certificate authorized by the appropriate taxing authority.

This Order Form is governed by the terms of the Seesaw Learning, Inc. Master Services Agreement (“Agreement”) found [here](#) unless (i) Customer has a written master services agreement executed by Seesaw Learning, Inc. for the Services, in which case such written subscription agreement will govern or (ii) otherwise set forth herein. By signing below, the parties agree to be bound by the Agreement.

**Customer**

Company: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_

**Seesaw Learning, Inc.**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_