

Memorandum of Understanding – Denton City County Day School

August 28, 2018

SUMMARY:

- This item requests approval of a Memorandum of Understanding between Denton ISD and Denton City County Day School (DCCDS) to establish a partnership facilitating dual enrollment of Pre-K students.

PREVIOUS BOARD ACTION:

- Approval of MOU for 2017-18 on June 27, 2017.

BACKGROUND INFORMATION:

- DISD and DCCDS have been in frequent communication regarding this partnership.
- The proposed MOU meets the requirements established by the District.

SIGNIFICANT ISSUES:

- A decision to not approve this MOU will possibly result in fewer four-year-old children receiving appropriate full-day services.

FISCAL IMPLICATIONS:

- This MOU establishes expectations for DISD to provide transportation for students dually enrolled in DCCDS and DISD, thus enabling students to receive full-day services at a low cost to families.
- DISD will receive state funding based upon the enrollment of DCCDS students in DISD Pre-K.

BENEFIT OF ACTION:

- Approval will allow DCCDS and DISD to move forward with arrangements for implementing this partnership.
- Approval will provide an additional opportunity for families to access full-day high quality educational programming for their children at a low cost.

PROCEDURAL AND REPORTING IMPLICATIONS:

- None

PUBLIC COMMENT RECEIVED:

- None

ALTERNATIVES:

- No alternative actions are proposed at this time.

OTHER COMMENTS:

- The Boards of both DISD and DCCDS have expressed interest in this partnership, as it provides appropriate support for an increased number of families in the community.
- The District will continue frequent conversations between DISD and DCCDS staff to ensure high quality programming and to recommend any adjustments needed to continue the success of the program.

SUPERINTENDENT'S RECOMMENDATION:

- It is recommended that the Board of Trustees approve the MOU with Denton County Day School.

STAFF PERSONS RESPONSIBLE:

- Dr. Daniel Lopez, Area Superintendent, Academic Programs

ATTACHMENT:

- Memorandum of Understanding

APPROVAL:

Signature of Staff Member Proposing Recommendation: _____

Comments: _____

Signature of Divisional Assistant Superintendent: _____

Comments: _____

Signature of Superintendent: _____

Comments: _____