

## Katy Independent School District Application for Approval of After-School Program

Individual campuses may elect to make available independently operated after school programs that align with Teaching and Learning Division goals and curriculum. The Coordinator for Campus Administrative Support is responsible for accepting applications from potential external service providers and reviewing each application. The merit of each application will be evaluated based on its alignment to the District's curriculum and its perceived value for students.

**\*\*\* ANNUAL APPROVAL IS REQUIRED PRIOR TO EACH SCHOOL YEAR \*\*\***

### APPLICATION DEADLINES

Fall Semester deadline for applying is July 31, 2020

Spring Semester deadline for applying is December 18, 2020

Program Representative/Contact Person:		School Year of Application:  20 ____ - 20 ____	
Title of Program:		Criminal Background Form Attached:  <input type="checkbox"/> YES	
Describe Business or Organization (attach applicable information):		<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit	
Address:		Phone:	
		Fax:	
Email Address:		Cost to Participants:	
School(s) and Grade Level(s) Involved:			
Number of Students/Staff Participants:		Length of Program/Amount of Class Time/Schedule of Classes (i.e., 3 months, 30 minutes, 9 weeks):	
Qualifications of Instructors:			

KISD Facility Requirements (Facility reservation is limited to gym and cafeteria ONLY and is based on availability. Vendors must arrange for facility rental prior to sending flyers. Appropriate rental fees will be assessed.):

Summary of Program Curriculum (including description of program objectives): Attach a program scope and sequence.

Describe below the materials and learning resources that will be employed to instruct students:

Describe the potential benefits of your program to Katy ISD:

- ▶▶ Interested campuses will contact vendors. Vendors should not contact campuses, parents, or students. ◀◀
- ▶▶ Failure to comply with all rules may forfeit approval. ◀◀
- ▶▶ You will be notified by email of the decision. ◀◀

**By submitting this application for approval, I agree to abide by all guidelines and procedures for conducting an after-school program in the Katy Independent School District.**

Signature of Program Representative:

Date:

Please return the completed application to:

**Maureen K. Racine**  
**Katy ISD**  
**6301 S. Stadium Ln.**  
**Katy, TX 77494**  
**Phone: 281-396-7697**

**FOR OFFICE USE ONLY**

- Approved. Pending availability of facilities
- Denied. Program does not support a current District priority or goal

Date of Application's Review: