Optional Flexible School Day Program Agreement

This document must be fully completed and signed by the school system's Board President and Superintendent. The signed document must be uploaded into the OFSDP Smartsheet application. This document is a required component of the OFSDP application submission.

Judson Independent School District
Legal Name of School District or Open-Enrollment Charter School

8012 Shin Oak, Live Oak, TX 78233
Physical Address

Board Agreement

All information requested must be included with this form. The school district or open-enrollment charter school hereinafter called "district" does hereby certify and agree to the following conditions of the agreement.

1. The board of trustees of the school district or the governing board of the open-enrollment charter school **agrees to include the OFSDP as an item on the agenda** concerning the proposed application.

2. The board of trustees of the school district or the governing board of the open-enrollment charter school must discuss the progress of the program before applying to operate an OFSDP.

The proposed OFSDP application was on the agenda and discussed at the board meeting conducted on:

Month: July

Day: 23rd

Year: 2026

Time: 6:00 PM

Location: Education Resource Center; 8205 Palisades Dr.

The board reviewed the OFSDP program and application and approved the submission on behalf of the school district or open-enrollment charter school by authorized representatives.

Monica Ryan, Board President, 210-945-5404
Name, Title, and Telephone Number of School Board President

Signature of School Board President Date

Authorized School System Official

On behalf of the school district or charter school, I hereby certify that the district/charter will implement and operate the OFSDP in accordance with Texas Education Code (TEC) §29.0822, 19 Texas Administrative Code (TAC) §129.1027, the Student Attendance Accounting Handbook, and all applicable guidance, forms, and instructions issued by the Texas Education Agency (TEA) for the applicable school year.

I certify that the information submitted in connection with this application is true and correct and the district/charter will fully comply with all application assurances, applicable laws, rules, and TEA guidance governing the Optional Flexible School Day Program.

Dr. Ann Dixon, Interim Superintendent of Schools, 210-945-5100

Name, Title, and Telephone Number of District Superintendent or Charter School Chief Operations Officer

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Signature of Person Authorized to Bind the District or Charter School Date