



TEXAS EDUCATION AGENCY

1701 North Congress Ave. ★ Austin, Texas 78701-1494 ★ 512/463-9734 ★ FAX: 512/463-9838 ★ <http://www.tea.state.tx.us>

Robert Scott
Commissioner

April 9, 2009

Mark Diaz
Cedars International Academy
8416 N. IH-35
Austin, TX 78753

Dear Dr. Diaz:

The commissioner has approved the amendment request (046-09) to add a prekindergarten program to the currently approved grade levels (K-8) effective the 2009-2010 school year.

If you have any questions, please contact Monica Sena-Martinez in the Division of Charter School Administration at (512) 463-9575.

Sincerely,

Mary Perry, Director
Charter School Administration

CHARTER AMENDMENT REQUEST FORM

Expansion # 046-09

Texas Education Agency • Division of Charter School Administration • Phone (512)463-9575 • Fax (512)463-9732

Cedars International Academy

227-817

Name of Charter School

County-District Number

All amendment requests must be made in, or attached to, a written resolution adopted by the governing body of the charter holder and signed by the members voting in favor. In addition, all amendment requests should include the text and page number, or a photocopy, of the current charter language to be changed, and the text proposed as the new charter language. Expansion amendments, numbers 1-4, must be submitted by February 1 of the year preceding the school year during which the amendment would become effective.

1. Add Grade Levels (Expansion Amendment) - Requested effective date: 2009-2010

Currently approved grade levels: K-8
Requested new grade levels: Pre-K

Attach the written board resolution as described at the top of the page. Attach an education plan for each new grade level to be served and evidence that impact statements have been sent to school districts and charter schools within the geographic boundaries of the requesting school.

2. Add a Site (Expansion Amendment) - Requested effective date:

New Address (if Available):

Is the proposed campus within the currently approved geographic boundary? No Yes

If not, see request below to Change Geographic Boundary.

If the amendment is approved, is a campus number requested? No Yes

If the amendment is approved, should a campus name different from the charter name be used? No Yes

If the amendment is approved, should mail be sent to the campus? No Yes

Attach the written board resolution as described at the top of the page. Attach evidence that impact statements have been sent to school districts and charter schools within the geographic boundary of the requesting school. Attach a certificate of occupancy, or equivalent certificate, appropriate for the proposed use of the facility at the new site. If the specific location is not identified at the time of the amendment request, this information shall be submitted prior to commencing any operations at that site.

3. Change Geographic Boundary (Expansion Amendment) - Requested effective date:

School districts and charter schools in currently approved boundary:

Proposed new school districts and charter schools:

Attach the written board resolution, with the required language (see instructions), as described at the top of the page. Attach evidence that impact statements have been sent to the school districts and charter schools within the geographic boundary of the requesting school. Attach another sheet of paper to describe the request, if necessary.

4. Increase Maximum Enrollment (Expansion Amendment) - Requested effective date:

Currently approved maximum enrollment:

Requested new total maximum enrollment:

Attach a board resolution with the required language (see instructions); The amendment will not be considered by the commissioner without the appropriate board resolution. Note that the resolution required for this type of amendment is different from that used for other types of amendments. Attach evidence that impact statements have been sent to school districts and charter schools within the geographic boundary of the requesting school.

5. Relocate Campus or Site - Requested effective date:

County District Number:

Current Address:

Proposed Address (if available):

Is the proposed relocation within the currently approved geographic boundary? No Yes

If not, see request above to Change Geographic Boundary.

If the amendment is approved, should mail be sent to the campus? No Yes

Attach the written board resolution as described at the top of the page; Note that the proposed site must be within the currently approved geographic boundary. If it is not, you must also submit an amendment request to extend the geographic boundary.

6. Other Amendment to Charter - Requested effective date:

Description:

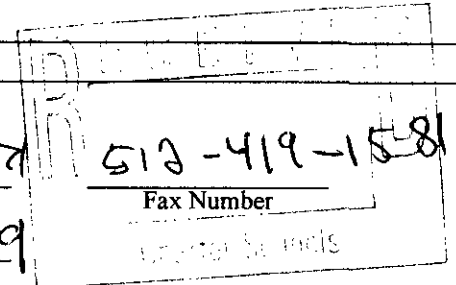
Attach another sheet of paper to describe the request, if necessary.

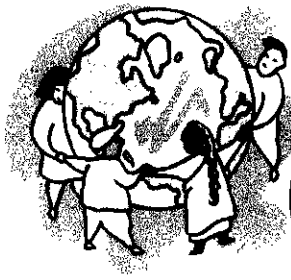
Signature of Charter School CEO

MARK DIAZ
Printed Name of Charter School CEO

512-419-1527
Phone Number

1-28-09
Date





Cedars International Academy

8416 N. I-H 35 ● Austin, TX 78753 (512) 419-1551 ● Fax: (512) 419-1581

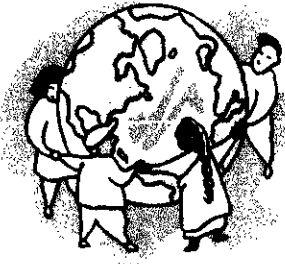
Education Plan for Expansion Amendment

Cedars International Academy (CIA) currently is serving K-7 grades. Kindergarten through Grade 4 are served in self-contained classrooms with students participating in special classes that include art, music, Spanish, physical education, and gardening. Students in Grades 5-7 are served in a departmentalized setting with one teacher teaching social studies, one teaching mathematics, and one teacher teaching language arts. Each teacher is responsible for teaching one grade science.

With the addition of a Pre-K program, Cedars Academy would prepare four- and five-year-old children both academically and socially for the more demanding Kindergarten curriculum. The Pre-K program will provide children with opportunities for experiential learning and discovery, math and reading readiness, and the development of social skills that are appropriate for the school environment. Families with children already enrolled at Cedars would be more likely to enroll their Pre-K-aged children, instead of keeping them home or in a less structured day care program. The Pre-K program will allow children to become a part of the Cedars community at an earlier age, thereby allowing them to develop the foundation for success throughout their academic experience at Cedars.

Cedars International Academy limits its class size to 17:1 grades first through seventh, and 16:1 at the Kindergarten level, as per our charter. It is anticipated that the Pre-K class of 16 additional students would offset the cost of an additional teacher and a full-time aide. In addition, the school is in the process of applying for a Pre-Kindergarten Early Start Grant that would contribute additional funds for the program. Cedars International Academy has always had clean audits and is in sound financial condition. According to the preliminary rating for the Financial Integrity Rating System of Texas (FIRST), CIA has a rating of *Superior Achievement*.

If additional information is needed, please do not hesitate to call Dr. Mark Diaz, Superintendent, at (512) 419-1571.



Cedars International Academy

8416 N. IH-35 ● Austin, TX 78753 ● (512) 419-1551

At the meeting of the Board of Directors of Cedars International Academy on **January 8, 2009**, the following resolution was proposed and approved by the board:

WHEREAS the mission of the Cedars International Academy is to offer a multi-disciplinary learning experience in preparing students to be competitive globally. The school will provide a rigorous curriculum based on differentiated instruction, collaborative teaching and low student-teacher ratios. The curriculum will reflect the cultural diversity of the greater community.

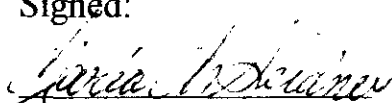

WHEREAS the Charter must be amended to expand access to Cedars International Academy to more children and families in the greater Austin area.

WHEREAS the Board of Directors has considered the business plan to support the amended charter, including expanded enrollment.

The Board of Directors resolves to:

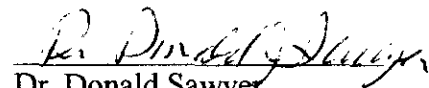
- add PK

Signed:

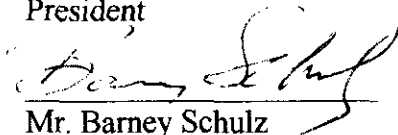
 

Dr. Maria Seidner
President

Mr. Joe Crowley
Treasurer



Dr. Donald Sawyer
Secretary



Mr. Barney Schulz

A. What are the school's enrollment projections for the first five years?

500 students.

①

What is the school's maximum enrollment goal?

500 students per year

What grades will be served?

Proposed PK through 8th grade.

K through 6th grade in the first year with the option of adding one grade level per year thereafter.

How many students are expected to be in each grade or grouping?

Not to exceed 17 students per class, and not to exceed four classes per grade.

What will be the maximum class size allowed?

Not to exceed 17 students per class.

B. Describe the community or region where the school will be located.

The community of the International families in Central Texas spread over a radius of 30 miles around Austin. See attached map. Our plans are to focus on the geographical location of the parent's workplace. We will begin our school at a temporary site at 1320 E. 51st Street, Austin, TX 78723. A location of Our Lady's Maronite Catholic Church. The site is centrally located between North and South and East and West of Austin and the surrounding areas, at the intersection of interregional highway 35 and highway 183 and very close to highway 290. All of which are major arteries for the influx of workers into the city.

C. Why was this location selected?

This location was selected based on the availability of the facility and the location of the site close to the parent's workplace.

Are there other alternative locations suitable to the needs and focus of the school?

Not at this time.

V. Human Resource Information

A. Describe your human resources policies governing salaries, contracts, hiring, and dismissal, sick and other leave, and benefits.

All hiring and dismissal decisions will be conducted through a joint effort between the School Director, a hiring committee, and the Board of Directors. All policies will be described in detail in policy manual and given to all staff members. All staff and faculty will receive five (5) state personal leave days pursuant to Section 22.003 of the Education Code, and five (5) local days

2

OPEN-ENROLLMENT CHARTER CONTRACT RENEWAL APPLICATION

Section I. Current Information in Charter School Tracking System

Charter Holder Name: Cedars Academy
Charter School Name: CEDARS INTERNATIONAL ACADEMY
Charter School County/District #: 227-817
Generation: 4
Maximum Approved Enrollment: 500
Grades Approved: K,1,2,3,4,5,6,7

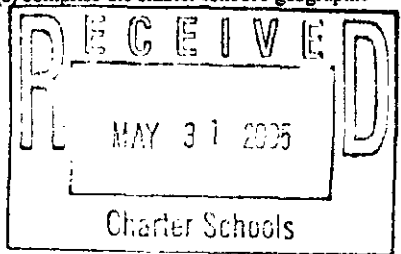
Campuses:

227817101
 CEDARS INTERNATIONAL ACADEMY
 1320 E 51st St
 Austin, TX 78723
 Grade Levels Currently Served:
 KG,01,02,03,04,05,06,07

Geographical Boundary:

The original charter application and amendment history reflects that the following district(s) comprise the charter school's geographic boundary:

- AUSTIN ISD
- EANES ISD
- GEORGETOWN ISD
- LAKE TRAVIS ISD
- LEANDER ISD
- MANOR ISD
- PFLUGERVILLE ISD
- ROUND ROCK ISD



The school superintendent and/or the charter holder board chair will be contacted by agency staff if there are issues to be resolved in any of the sections.

Donna Williams	(512) 419-1571	(512) 419-1581	dwilliams@cedars-academy.org
Superintendent's Name	Telephone Number	Fax Number	E-mail Address

Joseph Mezher	(512) 463-7285		jmezher@tea.state.tx.us
Charter Holder Board Chair's Name	Telephone Number	Fax Number	E-mail Address

TEXAS EDUCATION AGENCY
 CHARTER SPECIFIC ACTIONS BY THE STATE BOARD OF
 EDUCATION AND COMMISSIONER OF EDUCATION REPORT



CHARTER NAME	CD#	GEN	ACTION DATE	EFFECTIVE DATE	STATUS	DESCRIPTION	INFORMATION
CEDARS INTERNATIONAL ACADEMY	227817	04	10/15/2003	10/15/2003	Approved	To state that the faculty and staff will be evaluated according to an "appraisal system developed by the charter school administration" instead of by PDAS.	
	04	03/31/2004	03/31/2004	Approved		revise the bylaws as written in the text of amendment 40-03	
	04	03/27/2006	07/06/2005	Approved		Renewal approved for a five year term. See letter from Commissioner for specific details.	Initial Renewal on 6/3/2006
	04	07/27/2006	08/01/2005	Approved		clarify that the charter's geographic boundary should include the following districts effective August 1, 2005: Bastrop ISD, Coupland ISD, Del Valle ISD, Elgin ISD, Hays Consolidated ISD, Hutto ISD, Lockhart ISD, McDade ISD, San Marcos ISD, and Taylor ISD	
	04	03/22/2007	08/01/2007	Approved		change the grade levels served by the school from K-7 to K-8 effective August 1, 2007	Kindergarten Grade1 Grade2 Grade3 Grade4 Grade5 Grade6 Grade7Grade8
	04	09/11/2007	08/01/2005	Approved		Renewal extended and approved for a ten year term from date of original contract per Chief Deputy Commissioner.	Subsequent Renewal on 9/11/2007
	04	10/19/2007	08/01/2007	Approved		change the physical address from 1320 East 51st Street, Austin, Texas 78723 to 8416 North IH-35, Austin, Texas 78753 effective August 1, 2007	Campus# 227817101 8416 N. IH-35 AUSTIN TX 78753

Sample letter



Cedars International Academy

8416 N. I-H 35 ● Austin, TX 78753 (512) 419-1551 ● Fax: 512-419-1581

January 6, 2009

County-District # 227-817

Elgin Independent School District
P. O. Box 351
Elgin, Texas 78621

Re: Cedars International Academy; 8416 N.I-H 35, Austin, Texas 78753

Dear Superintendent and President of the Board of Trustees:

This is to inform you that the following charter school intends to submit a clarification amendment request to the commissioner of education:

Cedars International Academy
Name of School

227-817
County-District #

8416 N. I-H 35
Austin, Texas 78753
Address of School

As part of the amendment process, charter schools are required to notify any districts that are likely to be affected by the change. The enclosed Statement of Impact form indicates the type of amendment request being made.

Specifically, Texas Education Agency guidelines require that the Statement of Impact form be sent to each district that may be affected. Information is requested if the proposed change may adversely impact a district financially or if the proposed change may impact the student enrollment of a district in a manner that impairs the districts ability to comply with a court order. The enclosed form may be completed by any district that may be affected, signed by the district's board president and superintendent and returned to the Texas Education Agency; Charter School Division; 1701 North Congress Avenue; Austin, Texas 78701-1494.

Please review the enclosed form and notify the Texas Education Agency if your district will be impacted by the request.

Sincerely,

Mark Diaz, Ed.D.
School Director

Statement of Impact
AMENDMENT

Cedars International Academy
Charter School

227-817
County-District #

The charter school above plans to submit the following amendment or amendments to its open-enrollment charter for consideration by the commissioner of education:

1. Expand grade levels served

Currently approved grade levels: K-8

Requested change: Pre-K-8

2. Increase maximum enrollment

Currently approved maximum enrollment: _____

Requested change: _____

3. Add a campus

Proposed new address, if available: _____

If the campus address has not yet been secured, the school districts within the currently approved geographic boundary are listed here:

4. Expand geographic boundary

The proposed new school districts/area to include are listed here:

District Staff: Check the appropriate response below:

The proposed change for the open-enrollment charter school is not expected to impact the school district to a significant degree.

The proposed change for the open-enrollment charter school is expected to have a major impact on the school district in the following manner:

Elgin ISD
District Name

011-902
County-District #

1002 N. Ave C, Elgin TX
District Address

(512)-281-3434 ext 48
Phone Number ¹²⁰¹

Pete Bega
Signature of Board President

Bill G. Graves
Signature of Superintendent

Pete Bega
Print Board President's Name

Bill G. Graves
Print Superintendent's Name

Print Board President's Name

Print Superintendent's Name

January 10, 2009
Date Received by District

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Taylor FSD
 602W 12th St
 Taylor TX 76574

2. Article Number

(Transfer from service label)

7008 2810 0000 9659 9703

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent
 Addressee

B. Received by (Printed Name)

F. L. Maresca

C. Date of Delivery

1/15/04

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Coupland Ind. School
 District
 P.O. Box 217
 Coupland, TX
 78615

2. Article Number

(Transfer from service label)

7003 3110 0000 1935 8218

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent
 Addressee

B. Received by (Printed Name)

Jennifer Rudolph

C. Date of Delivery

1/12/09

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

RECEIVED

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elgin Ind. School
 District
 P.O. Box 351
 Elgin, TX 78621

2. Article Number

(Transfer from service label)

7008 2810 0000 9660 0485

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent
 Addressee

B. Received by (Printed Name)

Karen Strong

C. Date of Delivery

1/8/09

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Lake Travis End. School
 District
 3322 Ranch Rd. 62058
 Austin, Texas
 78738-6801

2. Article Number
 (Transfer from service label) 7008 2810 0000 9660 0508

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *J. A.* Agent Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Pflugerville End.
 School District
 1401 W. Pecan St.
 Pflugerville, TX
 78660-2518

2. Article Number
 (Transfer from service label) 7002 0510 0000 1028 1504

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rhonda Feagde* Agent Address

B. Received by (Printed Name) C. Date of Delivery
 Rhonda Feagde 1-08-09

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Del Valle End.
 School District
 5301 Ross Rd.
 Del Valle, TX
 78617

2. Article Number
 (Transfer from service label) 7008 2810 0000 9660 0416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mary E. Denton* Agent Address

B. Received by (Printed Name) C. Date of Delivery
 Mary E. Denton 1-8-09

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

McDade Ind.
School District
P.O. Box 400
McDade, TX
78650

2. Article Number

(Transfer from service label)

7008 2810 0000 9660 0447

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sharon Lippe Agent
 Address

B. Received by (Printed Name)

Sharon Lippe

C. Date of Delivery

11/8/09

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eanes Ind. School
District
601 Camp Craft Rd.
Austin Texas
78746

2. Article Number

(Transfer from service label)

7002 0510 0000 1028 1528

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Debbie Mullis Agent
 Address

B. Received by (Printed Name)

Debbie Mullis

C. Date of Delivery

11/8/09

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Georgetown Ind.
School District
603 Lakeway Dr.
Georgetown, TX
78623-2843

2. Article Number

(Transfer from service label)

7003 3110 0000 1935 8201

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Debbie Mullis Agent
 Address

B. Received by (Printed Name)

Debbie Mullis

C. Date of Delivery

11/8/09

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Lochheart End School
 District
 P.O. Box 120
 Lochheart, TX
 78602

2. Article Number
 (Transfer from service label) 7008 2810 0000 9660 0430

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Conner Law* Agent Address
 B. Received by (Printed Name) *Conner Law* C. Date of Delivery *1-8-9*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Manor End School
 District
 P.O. Box 359
 Manor, TX
 78653

2. Article Number
 (Transfer from service label) 7003 3110 0000 1935 8195

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Henry White* Agent Address
 B. Received by (Printed Name) *H. WHITE* C. Date of Delivery *1-8-9*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Round Rock End
 School District
 1311 Round Rock Ave
 Round Rock, TX
 78681

2. Article
 (Trans)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Monty* Agent Address
 B. Received by (Printed Name) *Monty* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Bastrop end.
 School District
 105 Loop 510 West
 Suite J
 Bastrop, TX. 78602

2. Article Number
 (Transfer from service label) 7008 2810 0000 9660 0515

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ramon Hernandez* Agent Addressed

B. Received by (Printed Name) *Ramon Hernandez* C. Date of Delivery *1-8-04*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Hayes Consolidated
 School District
 21003, E-H 35
 Kyle, TX 78640

2. Article Number
 (Transfer from service label) 7008 2810 0000 9660 0461

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Bea Dlan* Agent Addressed

B. Received by (Printed Name) *Bea Dlan* C. Date of Delivery *1-8-9*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Hutto end.
 School District
 P.O. Box 430
 Hutto, TX. 78634

2. Article Number
 (Transfer from service label) 7008 2810 0000 9660 0423

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *James Higgins* Agent Addressed

B. Received by (Printed Name) *James Higgins* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Austin Ind. School District
 1111 W 6th St.
 Austin, TX 78703-5399

2. Article Number
 (Transfer from service label) 7008 2810 0000 9660 0454

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Douglas Talan* Agent Address
 B. Received by (Printed Name) *S. Tabara* C. Date of Delivery *11/8/09*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 San Marcos Consolidated School District
 P.O. Box 1087
 San Marcos TX. 76574

2. Article Number
 (Transfer from service label) 7002 0510 0000 1028 1535

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ramon Santana* Agent Address
 B. Received by (Printed Name) *Ramon Santana* C. Date of Delivery *11/8/09*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Leander Ind. School District
 410 South West St.
 Leander, TX 78641-1898

2. Article Number
 (Transfer from service label) 7002 0510 0000 1028 1511

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Carrie Carter* Agent Address
 B. Received by (Printed Name) C. Date of Delivery *1/8*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

