



CodeHS Order Form

Contract #33145
Customer: Fayette County (KY)
ATTN: Rachel Kahly
450 Park Pl
Lexington, KY 40509

Order Summary

Start Date	07/01/2026	Total Amount	\$43,200.00
End Date	06/30/2027	Billing Frequency	Annual
Term	12 months	Payment Method	Check, Bank Transfer
Payment Terms	Net 30	Auto Renewal	No
Currency	USD	Integrations	Canvas LTI 1.3/LTI Advantage

Pricing Summary

Items	Start Date	End Date	Quantity	Price	Total Price
Pro Teacher License HS (District)	07/01/2026	06/30/2027	11	\$3,600.00	\$39,600.00
Pro Teacher License MS (District)	07/01/2026	06/30/2027	1	\$3,600.00	\$3,600.00
School Setup Fee	07/01/2026	06/30/2027	7	\$0.00	\$0.00
Total					\$43,200.00

Total fee under this Order Form: \$43,200.00

Prepared By: Ryan Childers

Effective Date: 03/09/2026

Description of Licenses:

Pro Teacher License HS (District): This license provides Pro access to 1 teacher, and all of their sections and students. This includes District level features.

Pro Teacher License MS (District): This license provides Pro access to 1 teacher, and all of their sections and students. This includes District level features.

School Setup Fee: Set up fee for a school.

Order Form and Obligations under the Master Service Agreement

Upon signature by Customer and CodeHS, this Order Form shall become legally binding.

This Order Form is governed by the CodeHS Master Service Agreement found at <https://codehs.com/legal/msa>, unless (i) Customer has a written subscription agreement executed by CodeHS for the order, in which case such written subscription agreement will govern or (ii) otherwise set forth herein.

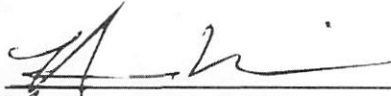
Payment Terms: You agree to pay to CodeHS the total fee set forth on this Order Form according to the billing terms and payment method in the Order Summary. The invoice will be issued upon signing unless otherwise specified.

Address:

CodeHS
747 N LaSalle #500
Chicago, IL 60654
Phone: (415) 889-3376

By signing an agreement with CodeHS, I represent that I am authorized to bind the organization for which I am signing.

Customer

Signature 
Name Amanda Wickersham
Title Director of CTE
Date 3-18-26

CodeHS, Inc.

Signature _____
Name _____
Title _____
Date _____

