



Teacher: \_\_\_\_\_

# Vendor Services Request Form

Students may use their Educational Budget funds to attend private and group activities in our community. These activities generally include the Arts, Physical Education, and Academic Instruction. These activities will be included in your child's Monthly Learning Plan. Before your student begins an activity, we will need this request to be **completed** and turned in to the school office, at which time we will begin the contract process with the vendor. **If this vendor is not currently on our Independent Contractor list, the service provider will need to provide a W-9, Certificate of Liability Insurance and fingerprinting before instruction can begin.**

Student Information	
Student Name:	_____
Parent Name:	_____
Parent Phone:	_____
Parent Email:	_____

**Please Note:**  
Please allow up to  
3 weeks for  
processing.

Vendor Name	_____	Vendor #	_____
Contact Person	_____	Email	_____
Address	_____	Phone	_____
		Fax	_____

Type of Service:	_____		
Location of Services:	_____		
Start Date:	_____	End Date:	_____

Frequency	Cost	Quantity	Total Cost
<input type="checkbox"/> Monthly	\$_____ Monthly	Months Requested _____	\$_____
<input type="checkbox"/> Hourly	\$_____ per hour	Hours Requested _____	\$_____
<input type="checkbox"/> Weekly	\$_____ per week	Weeks Requested _____	\$_____
<input type="checkbox"/> Per Lesson	\$_____ Per Lesson	Lessons Requested _____	\$_____
<input type="checkbox"/> Other:	(Please Explain)		

**Please note: Activities may be contracted for one semester. Please do not contract for the entire year, but rather within a semester period.**

*I understand that this contract will reflect only those monies available in my student's educational budget and may be reduced by any amount not available at the time of invoicing.*

*I understand that I am expected to accompany and be personally responsible for my child while he/she is in attendance at the above class.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date