

# Alder Grove Charter School

714 F Street Eureka, CA 95501

707-268-0854

## 2024-2025 COMMUNITY PARTNER CONTRACT

### Required Student Information (a separate form for each student):

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Alder Grove CT: \_\_\_\_\_

Required or Elective Course Covered by Community Partner: \_\_\_\_\_

### Required Community Partner Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Service Provided: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Dates & Times of Proposed Service\*: \_\_\_\_\_

(\*Please note that the school does not pay for any lessons given on school breaks or holidays – Spring Break, Thanksgiving, etc.)

Total number of sessions / classes being taken: \_\_\_\_\_  Fall Semester (8/26/24 –1/17/25)

Rate per hour / session: \_\_\_\_\_  Spring Semester (1/21/25–5/30/25)

Total amount requested: \_\_\_\_\_

**REQUIRED SIGNATURES (Parent, Community Partner, Teacher, and Administrator):** By signing this form, the **PARENT** understands that all Partners or individuals who may have contact with his/her child during the course of this activity may not have undergone a fingerprint clearance for a criminal background check. The parent accepts full responsibility for the safety of his/her child.

**EMPLOYEES AND INDEPENDENT CONTRACTORS:** It is strongly recommended that you never meet alone with minors. **You are advised not to begin providing services until you have received notice that this contract has been approved.** If services are provided prior to approval, payment may not be made for those services. You are advised to keep a copy of this contract for your records.

**INDEPENDENT CONTRACTORS ONLY:** Alder Grove Charter School agrees to pay the above amount for a student for a semester in advance with the provision that we receive an accounting of the student's attendance in the above mentioned class at the end of the semester. **If the student withdraws from the school, the above named contractor must issue a proportional refund.**

The **CREDENTIALLED TEACHER** is responsible for keeping track of progress and attendance for all Community Partner classes. The CT awards the credits and/or progress on the student's Report Card. CT verifies that the course has been added to the Master Agreement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Office Use Only)*

PO#: \_\_\_\_\_ Approved: \_\_\_\_\_ Requisition made by CT: \_\_\_\_\_