

# Alder Grove Charter School

714 F Street Eureka, CA 95501

707-268-0854

## 2020-2021 COMMUNITY VENDOR CONTRACT

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Alder Grove CT: \_\_\_\_\_  
Required or Elective Course Covered by Vendor: \_\_\_\_\_

### Required Vendor/Business Information:

Vendor/Business Name: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_  
Vendor Mailing Address: \_\_\_\_\_  
Vendor Fax Number: \_\_\_\_\_ Vendor 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 (8/24/20 –1/15/21)  
Rate per hour / session: \_\_\_\_\_  Spring Semester (1/19/21–5/26/21)  
Total amount requested: \_\_\_\_\_

### Required Signatures (Parent, Vendor, Teacher, and Administrator):

By signing this form, the **PARENT** understands that all vendors 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 vendors never meet alone with minors. Vendors are advised not to begin providing services until they have received notice that this contract has been approved. If services are provided prior to approval, payment may not be made for those services. Vendors are advised to keep a copy of this contract for their 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 vendor must issue a proportional refund.**

The **CREDENTIALLED TEACHER** is responsible for keeping track of progress and attendance for all Community Vendor 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 Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
CT Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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