

Alder Grove Charter School - 2

714 F Street Eureka, CA 95501

707-268-0854

2021-2022 COMMUNITY PARTNER CONTRACT

***IMPORTANT->** Parent/Guardian checked with CT *before* signing student up with Community Partner

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 (8/23/21 –1/14/22)

Rate per hour / session: _____ Spring Semester (1/18/22–5/25/22)

Total amount requested: _____

REQUIRED SIGNATURES (Parent, Community Partner, Teacher, and Administrator): By signing this form, the **PARENT** understands that all businesses 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.**

CREDENTIALLED TEACHER: The CT 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 and verifies that the course has been added to the Master Agreement.

Parent Signature: _____ Date: _____

Community Partner Signature: _____ Date: _____

CT Signature: _____ Date: _____

Administrative Signature: _____ Date: _____

Requisition made by CT: _____ PO#: _____