VC

VENDOR Contract Form 2016-2017

Alliance Charter Academy

16075 Front Avenue Oregon City, Oregon 97045 503-785-8044

Entered in OPS by ES:

STEP 1: Parent or Guardian completes

Student Name: _____ Grade: _____ Student ID #:_____

Parent Name: _____ Phone: _____ email: _____

Vendor Name: _____

Services Provided: _____ Cost Per Service: _____ Total Cost: _____

High School only check ONE: ☐ Core Class ☐ Elective

Dates of Services: _____ ☐ Fall Term ☐ Winter Term ☐ Spring Term

STEP 2: Parent or Guardian (please initial all of the following)

_____ By signing this form, I understand that all individuals who may have contact with my child during the course of this activity may not have undergone a fingerprint clearance and/or criminal background check, and therefore I accept full responsibility for the safety of my child.

_____ If my student does not have funds available through his/her allotment, I accept responsibility of payments to the above mentioned vendor.

_____ If my student withdraws from ACA, I will reimburse the school for the above activity.

_____ If my child does not pass or complete the course, it will be my responsibility to reimburse the school.

_____ Any allotment funds used for high school vendors must be attached to a course of study and will end in a credit and grade.

_____ I understand only 1/5 of the allotment can be spent on vendors, unless approved by administration.

Parent Signature: _____ Date: _____

STEP 3: Educational Specialist (please initial the following)

Parent is: Processing online or has attached an invoice

_____ I have verified that this student has sufficient funds available from his/her allotment

_____ I understand that it is my responsibility to keep track of the progress and attendance for all vendor classes.

_____ I understand it is my responsibility to award credits and progress on the student's report card (High School Students Only)

_____ I have added this vendor class to the Students Learning Record.

_____ I understand only 1/5 of the allotment can be spent on vendors, unless approved by administration.

ES Signature: _____ Date: _____

STEP 4: Parent Completes (One of these must be done for this request to be complete)

☐ Registration Form Attached ☐ Invoice Attached ☐ Processed Online

For Office Use Only

Allotment Approved_____ Current Vendor Contract: _____ Processed: Online Phone Invoice

Processed in OPS: _____ Purple to Accounting: _____Date:_____

Administrative Approval: _____ Check One: ☐ Scholarship ☐ SPED ☐ I-team ☐Other