



# Independent Contractor Services Form

Date: \_\_\_/\_\_\_/\_\_\_

**Class Description:** \_\_\_\_\_

Class Location: \_\_\_\_\_ Estimated Class Size: \_\_\_\_\_

Class Schedule – Include day(s) of the week and time(s):  
\_\_\_\_\_

Describe the student selection process for this class (lottery, first come/first serve, application, etc.):  
\_\_\_\_\_

Rules of use (materials, space, cleaning, etc.):  
\_\_\_\_\_

Cancellation policy: \_\_\_\_\_

**Note:** Contractor will be held liable for any \_\_\_\_\_ District property that is damaged during contractual time.

Independent Contractor Fee: \_\_\_\_\_

Student Tuition Fee: \_\_\_\_\_

The **Independent Contractor** that will be providing the service(s) described above:  
\_\_\_\_\_

Contractor services will be provided: Starting: \_\_\_/\_\_\_/\_\_\_ Ending: \_\_\_/\_\_\_/\_\_\_

Tax ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you hold a Master Business License\*?  Yes  No

If yes, attach a copy of the business license to your W-9 when submitting this form.

**Instructor's Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone Number (if different than above): \_\_\_\_\_

Has the instructor submitted a safety patrol background check?  Yes  No

A *Safety Patrol Background Check* is required in the \_\_\_\_\_ School District.

**Note:** This form can be obtained from the school secretary.

**As a before or after school instructor, I certify that I will release the students solely to their parent/guardian or per written instructions signed by the same.**

Independent Contractor: _____	Date: ___/___/___
PTA Elected Officer: _____	Date: ___/___/___
PTA Elected Officer: _____	Date: ___/___/___
Note: Independent Contractor and two elected PTA officers' signatures are required.	

**Note:** Retain a copy of the documents in both the Secretary and Treasurer's Notebooks.