



Contract for Independent Contractor Services

Contractor/Vendor Business Name: _____

Class Name/Description: _____

Tax ID#: _____

Do you hold a Master Business License? Yes or No ***If yes, attach with completed W-9 form.***

Mailing Address: _____

Email: _____ Phone Number: _____

Instructor(s), if different from above: _____

Class Location: _____ Class Size: _____ (include max./min. if relevant)

Class Schedule (include days of week and times, attach separate schedule if necessary):

Describe the student selection/registration process for this class (lottery, first come/first serve):

Terms of Use: Describe any special materials, equipment or facility needs:

Cancellation policy for students? _____

Tuition per student: _____

Contractor fee: _____ Is this a flat fee or per student rate? _____

Payment Schedule: _____

(Continued)

By signing below, the contractor explicitly agrees to the following rules, policies, and procedures and will be solely responsible for adherence there to.

Policies and expectations for Contractors:

- Contractor and any instructor(s) will complete a Lake Washington School District school volunteer background check. See contractor checklist for information on this process.
- Contractor will complete a W-9 form.
- Contractor will be held liable for any Lake Washington School District property that is damaged during contractual time.
- Any classroom or building space must be returned to its original condition – furniture replaced, work spaces (i.e. desks, floors, sinks) cleaned.
- Contractors and their students will not use school or classroom supplies, books, or equipment unless explicitly stated in the previously noted Terms of Use Agreement.
- For before/after-school programs: Instructors certify that they will release the students solely to their parent/guardian or per written instructions signed by the same.
- Cancellations: If a class session is cancelled by the instructor, or if LWSD implements a weather-related or emergency building closure, (i.e. snow/windstorm), the session will be rescheduled at a mutually agreeable date and time, If no date can be agreed upon, then a pro-rated refund or credit will be issued to the students through the PTSA.

Reviewed by: LV PTSA Program Board Member: _____ Date: ____/____/____

Signatures: Independent Contractor: _____ Date: ____/____/____
LV PTSA Elected Officer: _____ Date: ____/____/____
LV PTSA Elected Officer: _____ Date: ____/____/____

For Internal Use: <input type="checkbox"/> W-9 completed <input type="checkbox"/> Background Check submitted and confirmed by school support staff <input type="checkbox"/> Business License, if available <input type="checkbox"/> Program Board Member and Officer signatures <input type="checkbox"/> Copies filed in Treasurer & Secretary notebooks <input type="checkbox"/> Copy to supervising PTSA Board Member <input type="checkbox"/> Copy to PTSA Program Coordinator, if applicable
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