



Contract for Independent Contractor Services

Class Name/Description: _____

Contractor/Vendor Business Name: _____

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: _____

Instructor phone, if different from above: _____

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

Class schedule (include days of the 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: \$ _____ per session (Fall / Winter / Spring)

Registration and payment details (check one or complete details for "other"):

Registration and payment through Contractor's website

PTSA website registration and payment to PTSA with either check or credit card/PayPal

Other: _____

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

Policies and expectations for Contractors:

- Contractor and any instructor(s) will complete a Lake Washington School District volunteer background check. See contractor check list 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 (ie. 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 their parent/guardian.
- 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 mutual agreeable date and time. If no date can be agreed upon, then a prorated credit will be issued to the students through the Contractor.

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

Signatures

Independent Contractor: _____ Date: ____/____/____

Peter Kirk PTSA Elected Officer: _____ Date: ____/____/____

For Internal Use:

- W-9 completed
- Background Check submitted and confirmed by school support staff
- Business License, if available
- Program Board member and officer signature
- Copies filed in Treasurer & Secretary notebooks
- Copy to supervising PTSA Board Member
- Copy to PTSA program coordinator, if applicable