

Request for Approval of Extended Learning Opportunity Sponsor/Organization

Sponsor/Organization Name: _____ Application Date: _____

Address: _____

Contact Name/Program Supervisor: _____

Phone Number: _____ Email: _____

Course(s)/Program(s) offered and, if applicable, course number: _____

Course/Program description(s): (Please attach)

Location(s) where course(s)/program(s) will be offered: _____

Describe how students will be evaluated and monitored for completion of course/program of study (attach additional sheets if necessary): _____

Describe how student attendance will be monitored and communicated with district (attach additional sheets if necessary): _____

Describe how students will be supervised and the qualifications of supervisors (attach additional sheets if necessary): _____

By signing this application form, the sponsor acknowledges and agrees that it maintains appropriate general liability and workers' compensation insurance, as may be required by Idaho law. Attach a copy of certificates of insurance.

By signing this application form, the sponsor acknowledges and agrees that it will abide by all applicable state and federal laws and regulations relating to child labor and employment of minors.

A separate agreement between district and sponsor may be entered into to govern terms and conditions under which sponsor will offer extended learning opportunities to district students.

Sponsor Signature: _____ Date: _____

Print name: _____ Title: _____

~~~~~  
For School District Use Only

Approved Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_

Superintendent or designee signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LEGAL REFERENCE:**

Idaho Code Sections:

33-506 – Organization and Government of Board of Trustees

33-6401 et seq. – Extended Learning Opportunities

**ADOPTED: December 13, 2021**

**AMENDED:**