



INSTRUCTIONAL VENDOR COURSE APPLICATION

Do not provide services until a contract is approved by Castle Rock Administration and you have been notified by Castle Rock Staff.

301 W. Washington Blvd.
Crescent City, CA 95531
Phone: 707-464-0390
FAX: 707-464-0700

Date _____

Name _____

Address _____ Phone # _____

Email _____

Credential(s)/Experience* _____

*If applicable, please attach copies of degrees, transcripts, letters of recommendation, etc.

Name of course: _____ Fall 20____ and/or Spring 20____

Appropriate Grade Level(s) _____

Course Description _____

State Standards met by this course (if applicable) _____

*Location of this course _____

**Vendor must provide services in a public school or public facility appropriate to the nature of public school use.*

Total hours per semester _____

Cost per hour (wages) _____

Cost of materials (if any) _____

Total cost per student _____

Minimum number of students _____

Maximum number of students _____

This application must be approved by Castle Rock Charter School Administration before any service is provided or advertised. If this application is approved, the applicant will cover the cost of fingerprinting and background check (\$50), proof of TB testing (no charge), and additional application and paperwork with the Del Norte County Unified School District. At the time of approval, further instruction and vendor guidelines will be provided.

Applicant's Signature _____ Date _____

Administrative Approval _____ Date _____

Please refer to Castle Rock Charter School Policies and Procedures for Conflict of Interest/Nepotism guidelines.