



**GEORGETOWN INDEPENDENT SCHOOL DISTRICT**

603 Lakeway Drive, Georgetown, TX 78628 512/943-5000 FAX 512/943-5002

**NON-DISTRICT CONTRACT FOR PROFESSIONAL SERVICES**

This is an agreement between Georgetown Independent School District and the following professional:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

The following contract between \_\_\_\_\_ and the Georgetown Independent School District is to provide consultant services in the area of \_\_\_\_\_ effective as of \_\_\_\_\_ through \_\_\_\_\_. This contract will expire as of \_\_\_\_\_ unless voided as provided herein.

**Above mentioned consultant agrees to the following:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Georgetown Independent School District agrees to:** \_\_\_\_\_  
\_\_\_\_\_

It is understood that the work schedule will be mutually established for the convenience of both parties and may be altered by either party when necessary within the specifications of this agreement. This contract may be cancelled by either party within 10 days written notice. The consultant named above will need to ensure no conflict of interest when working with the district. **As a contractor with GISD you will be responsible to complete and pay for the fingerprinting process as required by Senate Bill 9.**

**CONSULTANT:**  
Consultant's Signature GISD Representative  
\_\_\_\_\_

**GEORGETOWN I.S.D.:**  
GISD Representative's Signature  
\_\_\_\_\_

Consultant's Printed Name:  
\_\_\_\_\_

GISD Representative's Printed Name:  
\_\_\_\_\_

Date \_\_\_\_\_