



## **INDEPENDENT CONTRACTOR STUDENT CONTACT FORM**

Contractor Name: \_\_\_\_\_

Supervisor/Foreman Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Hours of Work: \_\_\_\_\_ Number of Employees on the Job: \_\_\_\_\_

Yes      No

Employees will have more than limited contact with students as determined by District, or if by Contractor, please explain:

If yes, the following steps will be taken to ensure student safety (check):

A physical barrier will be installed at the worksite to limit contact with pupils.

Employees will be continually monitored and supervised by an employee who has not been convicted of a violent or serious felony.

Name of Supervising Employee: \_\_\_\_\_

Date of Department of Justice verification: \_\_\_\_\_

Custodian of Records: \_\_\_\_\_

Employees will be surveilled by Owner's personnel.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

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