



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: _____