



ENRICHMENT ACTIVITY VENDOR 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 class/activity: _____ Fall 20__ and/or Spring 20__

Appropriate Grade Level(s) _____

Service Provided _____

State Standards met by this course (if applicable) _____

*Location of this provided service/activity _____

**Vendor must provide services in a public school or public facility appropriate to the nature of public school use. Vendors may also meet in the student's home if the parent/guardian is also present.*

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 _____