



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

INDEPENDENT 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.

Date _____

Business name _____

Contact name _____

Business Address _____ Phone # _____

Email _____

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

Appropriate Grade Level(s) _____

Course Description and/or service provided _____

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 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 provide a copy of current business license, complete a W-9 form, and provide a copy of current certificate of liability insurance for a minimum of \$1,000,000 per occurrence/\$2,000,000 general (annual) aggregate showing Del Norte County Office of Education/Castle Rock Charter School as an additional insured. 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.