

# LAURA INGALLS WILDER PTSA INDEPENDENT CONTRACTOR CONTRACT

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

Date Services Will Be Provided: Starting on: \_\_\_\_\_ Ending on: \_\_\_\_\_

Name of Independent Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Do you hold a Business License? \_\_\_\_\_

\*If so, please attach a copy of the license.

Tax ID Number: \_\_\_\_\_

W-9 on file? \_\_\_\_\_

\*If no, please submit a W-9 with this contract.

Do you have a Certificate of Insurance? \_\_\_\_\_

\*If yes, please attach a copy of the certificate.

**\*\*By signing this contract both the independent contractor and the PTSA acknowledge that the independent contractor is not covered by the PTSA's insurance due to the fact that he is a paid independent contractor.**

Has the instructor submitted the safety patrol background check? \_\_\_\_\_ Yes

\*This form is required by the Lake Washington School District. Obtain from office manager.

Description of class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class Schedule: Please attach any flyers, forms, etc.

Independent Contractor fee per hour/or tuition per student: \_\_\_\_\_

Supplies/use of school copiers, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Terms of

Payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rules of use: (materials, rooms, cleaning, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor will be responsible for any damage to the property of the Lake Washington School District.

As an before/after school teacher, I certify that I will release children solely to their parent/guardians or per written instructions signed by the same.

Signature of Independent Contractor: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Wilder Elementary Parent Teacher Student Association:  
A Washington nonprofit corporation

By \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature of Co-President and one other elected PTSA officer required.

Signed contract must be given to a Co-President.