

**College Prep Academy
Vendor Request Form**

Student Name: _____ Grade: _____ Phone Number: _____
Parent Name: _____ Email: _____
Teacher: _____

REQUIRED VENDOR INFORMATION

Vendor Name: _____
Name of class: _____
Class/Lesson Time: _____
Rate per Class/Lesson: \$ _____ **(Note: College Prep Academy Only Covers \$75.00 per Month per Student)**
Total number of sessions per month _____
Total amount requested* (rate per lesson x sessions per month) \$ _____

REQUIRED SIGNATURES (PARENT, VENDOR, TEACHER):

By signing this form, the parent/guardian understands that College Prep Academy can only pay for sessions that their student attends and if monthly rate per student exceeds \$75.00 per month the Parent/Guardian is responsible for remainder of the monthly payment. Parent/guardian should find out from the vendor their policy on absences. By signing this form, parent/guardian understands that they may not start the vendor until receiving written confirmation from College Prep Academy via email that the vendor has been accepted.

Parent/Guardian Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Once the form is completed please scan or mail to:
College Prep Academy
Attn: Amber Dunlap
1805 Sequoia St.
Redding, CA 96001

Phone: (530)225-0076
ahouse@rsdnmp.org

*Amount requested cannot exceed the \$75 monthly Vendor allowance.