

Shasta View Academy
Enrichment Partner Request Form

Families MUST complete the online [Policies Agreement](#) form before any requests can be processed.

Student Name: _____ Grade: _____ Phone Number: _____

Parent Name: _____ Email: _____

SVA Teacher: _____

Required or Elective Course Covered by Vendor: _____

REQUIRED VENDOR INFORMATION

Enrichment Partner Name: _____

Name of class: _____

Class/Lesson Time: _____

Rate per Class/Lesson: \$ _____

Total number of sessions per month _____

TOTAL AMOUNT REQUESTED PER MONTH: \$ _____ (Amount requested cannot exceed the \$120 monthly EP allowance.)

REQUIRED SIGNATURES (PARENT, VENDOR, TEACHER):

By signing this form, the parent/guardian understands that Shasta View Academy can only pay for classes their student attends. Parent/guardian should find out from the vendor their policy on absences. If a student misses two classes in a row, student's vendorship may be terminated for non-attendance. Gym memberships will be canceled if the student does not attend a minimum of 4 times a month. By signing this form, parent/guardian understands that they **may not start seeing the vendor until receiving written confirmation from SVA via email that the vendor application has been accepted.**

Parent/Guardian Signature: _____ Date: _____

Enrichment Partner Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Once the form is completed please email, fax, scan or mail to: Shasta View Academy



Policy Agreement

214 W. 1st Street
Alturas, CA 96101
Phone: (530)233-3861
Fax: (530)233-3864
enrichment@shastaview.org

You will receive notice via email when you may begin the enrichment partner course.