



Independent Contractor Checklist

- Please sign the “Independent Contractor Services” form and return to PTSA officer.
- Please submit a W-9 form with the above form to the PTSA officer.
- Please submit a copy of Master Business License, if applicable, to PTSA officer.
- If unfamiliar with the school space, please request orientation from PTSA officer.
- Contractor is liable for any property that is damaged.
- Contractor is liable for the safety of students involved in activities.
- Any space used must be returned to original condition.
- Contractor may not use school supplies or equipment unless given permission by district employee.
- Each instructor must be approved by the Lake Washington School District
 - Complete request for services online:
<http://www.lwsd.org/For-Community/Volunteers/Pages/Application-Process.aspx>
 - Please inform your PTSA contact when the LWSD form has been completed for each instructor.

Contractor Signature: _____ Date: _____

PTSA Board Signature: _____ Date: _____

Secondary Board Signature: _____ Date: _____

**PTA/ PTSA Form
Independent Contractor Services**

Dated: ____/____/____

Class Description: _____

Class Location: _____ Estimated Class Size: _____

Class Schedule/ Include day(s) of the week, and time(s):

Describe the student selection process for this class (lottery, first come/ first serve, etc):

Rules of use (materials, space, cleaning, etc) _____

Cancellation policy: _____

Note: Contractor will be held liable for any _____ district property that is damaged during contractual time

Independent Contractor Fee: _____

Student tuition Fee: _____

The **Independent Contractor** that will be providing the service described above:

Contractor services will be provided: Starting: ____/____/____ Ending: ____/____/____

Tax ID Number: _____ E-mail _____

Address: _____

Phone Number: _____ Cell Number: _____

Do you hold a Master Business License? ____Yes ____ No
**If so, attach a copy of the business license to your W-9 when submitting this form*

Instructors Name: _____ Email _____

Contact # (if different than above) _____ Cell # _____

Has the above instructor submitted a safety patrol background check? _____ Yes _____ No

A "Safety Patrol Background Check" is required in the _____ school district

Note: This form can be obtained from the school secretary

As a before and or after school instructor, I certify that I will release the students solely to their parent/ guardian or per written instructions signed by the same

Independent Contractor: _____ **Date:** ____/____/____

PTA/ PTSA Elected Officer: _____ Date: ____/____/____

PTS/ PTSA Elected Officer: _____ Date: ____/____/____

Note: Independent Contractor & (2) Elected PTA/ PTSA officers signatures are required