



Element Education Inc.

Dehesa Charter, Community Montessori, and Dimensions Collaborative School

Vendor Services Application

This application must be completed and signed by the vendor only.

Vendor Name: _____

Business Name: (dba) _____

Business Address: (P.O. Box is insufficient) _____

Mailing Address: (if different from above) _____

Email Address: _____

Website: _____

Phone Number (_____) _____ Fax Number (_____) _____

Are you 18 years or older? Yes No

California Teaching Credential held: Yes No

Element Program(s) for which service(s) will be rendered: (Check all the apply)

- Dehesa Charter School
- Community Montessori Charter School
- Dimensions Collaborative School

Types of Service(s): (Check all the apply)

- Academic Support
- Physical Activities
- Small Group Instruction
- Individual Instruction
- Consulting/Training

Location of Service(s): (Check all the apply)

- Place of Business
- Student Home
- Public Location
- School Location

Please attach a brochure or pamphlet which describes the service(s) provided by your business. If not provided in your brochure or pamphlet, please include a separate price list which includes the service(s) you provide, the cost of each service, and the instructional period (i.e. per hour, per day, per week, per class, etc.). *Please note: the price list must be approved by Element Administration before services can begin.*

I certify that all the above information is true and accurate. I understand that the information provided from this application will be posted on Element School websites for informational purposes.

Vendor Signature

Date

Vendor Name (Please Print)

<i>Preapproval (Director's initial below)</i>				
<input type="checkbox"/> Live Scan	<input type="checkbox"/> Welcome Packet	<input type="checkbox"/> OPS/Webpage	<input type="checkbox"/> W9	<input type="checkbox"/> Governing Board Report