

<u>Student Information</u>			
			<input type="checkbox"/> SPED Funds
Student Name: _____	Student Number: _____	Grade: _____	
Parent Name: _____	Phone Number: _____		
Mailing Address: _____		Email: _____	
Parent Signature: _____		Date: _____	(mm/dd/yy)

<u>Vendor Services</u>			
This form must be completed and signed by the Parent, Vendor, and EF <u>before starting services</u>			
Vendor: _____	Contact Person: _____		
Phone #: _____	Email: _____		
Mailing Address: _____			
Course Title/Description of Services: _____			
PLP Course Title: _____			
Start /End Dates: _____			
_____ \$ /hr _____ \$ /week _____ \$ /session _____ \$ /month _____ \$ /semester			

Fill-in monthly payment:	SEP	\$	OCT	\$	NOV	\$	DEC	\$	JAN	\$
	FEB	\$	MAR	\$	APR	\$	MAY	\$	JUNE 1- JUNE 15	\$

Vendor Signature: _____	Date: _____ (mm/dd/yy)
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<u>DCS Online Courses</u>	
To take an online course you must have access to a computer and internet. *EF submit in OPS	
Online Course: _____	PLP Course: _____
_____	_____
_____	_____
Total: \$ _____	

<u>DCS Learning Centers</u>	
*EF submit to Regional Manager (Regional Manager deducts EU's)	

- Newport Beach
 Montessori
 Encinitas
 Esc Secondary
 Esc Elem
 Hemet
 Mission Valley
 Murrieta
- Riverside
 Chula Vista

Class Title	PLP Course/Title	Cost			
_____	_____	\$ _____	<input type="checkbox"/>	EU's	<input type="checkbox"/> Check
_____	_____	\$ _____	<input type="checkbox"/>	EU's	<input type="checkbox"/> Check
_____	_____	\$ _____	<input type="checkbox"/>	EU's	<input type="checkbox"/> Check
_____	_____	\$ _____	<input type="checkbox"/>	EU's	<input type="checkbox"/> Check
Total:		\$ _____	<input type="checkbox"/>	EU's	<input type="checkbox"/> Check

<u>To Be Completed by EF</u>			
EF Signature: _____	Date: _____	(mm/dd/yy)	
EF Email: _____	@mydehesa.org	Phone #: _____	
<input type="checkbox"/> Enter in OPS	<input type="checkbox"/> Copy to Parent		