

Partnership/Service Provider Application

TO BE INITIALED BY THE:
 1. People Services _____
 Application:
 APPROVED / DENIED
 Date: _____

Charter School: _____

School Year 2022 - 2023 New Service Provider Continuing Service Provider

Organization/Partnership Paws-to-Share Location 925 Catalina Ave., Seal Beach, CA 90740

Program Start Date August 1, 2022 Type of Service: Pet Visitation Services

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Telephone #: Home _____ Cell _____ Email _____

Days of week on site: Monday Tuesday Wednesday Thursday Friday

In case of an emergency please call:

Contact Name 1 _____ Contact Phone 1 _____

Contact Name 2 _____ Contact Phone 2 _____

Have you ever been convicted of a felony or a crime involving children? No Yes (if yes, please attach details)

School administrators must ensure that Service Providers complete Live Scan fingerprinting prior to servicing student's onsite. Service Providers are eligible to service students once satisfactory clearance of background check and TB test has been confirmed by Human Resources and approved by Charter Principal and Risk Management.

California State Board of Education requires that all school Service Providers and employees be tested for exposure to tuberculosis every four years. In accordance with Health and Safety code §121545, Service Providers must show proof of tuberculosis clearance. The initial examination must consist of a Mantoux skin test. Service Providers may be tested by their own physician or visit a Los Angeles County Health Center.

I certify under penalty of perjury and in conformance with Education Code section §35021 that I am not registered as a sex offender pursuant to Penal Code Section 290. I understand that, in accordance with Charter policy, school administrators will verify this information via the California Megan's Law database.

Service Providers agrees to keep all student information and school business matters confidential at all times during and after the term of the Service Provider agreement.

Service Provider's Signature: _____ Date: _____

Principal's Signature: _____ Print Name: _____ Date: _____