

Supplemental Instruction Form (SIF)



PARENTS: This form is mandatory for students taking Fine Arts, Physical Education, or a Tutored class. It must be on file before any lessons start, any Vendor Direct Payments are made, or any Reimbursements can be issued. By signing below, I acknowledge and agree that I have voluntarily selected this vendor, without relying upon any representation whatsoever of the Kenai Peninsula Borough School District (KPBSD), that KPBSD makes no representation or warranty whatsoever regarding the qualifications or performance of the vendor, and that by either reimbursing me or paying the vendor directly for services provided, and by conducting a criminal background check, the KPBSD has not established any relationship with the vendor, and is not liable for any damages of any kind or nature whatsoever that may be sustained as a result of the vendor providing services to my child or children.

Advisor's Name:	_____		
Student's Name:	_____	Date:	_____
Vendor's Name:	_____		
Class or Activity:	_____		

Parent Signature: _____ **Date:** _____

Instructor is to complete this section and return to the Connections office.

Course Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Frequency of Lessons:	_____ Per Week	_____ Per Month	Other _____
Length of Lessons:	<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> Other _____
Specific Skills To Be Taught (please use the back of this form in more space is needed):			
How will the vendor assess Student Improvement?			
<input type="checkbox"/> Performance	<input type="checkbox"/> Practice	<input type="checkbox"/> Participation	<input type="checkbox"/> Other _____
Project Materials List:			
Grade will be assigned by:	<input type="checkbox"/> Instructor	<input type="checkbox"/> Parent	

Instructor's Signature: _____ **Date:** _____

Fine Arts/Physical Education – Kenai Peninsula School District will reimburse fine arts and physical education instruction that identifies a specific course of study, and teacher/instructor provides direct instruction of the course that leads to measurable growth. Vendors must be on the Connections' approved vendors list and this form must be on file with the Connections office before reimbursements can be made. The parent is responsible for submitting this form. **Lessons/services must be completed prior to being reimbursed.** Reimbursement will be for instruction/lessons. Parents must provide a separate individual learning plan for each activity.

Vendor Direct Payment (VDP)



PARENTS: This form is used to set up a direct payment from Connections to a Tutor or Instructor for student lessons. A Fine Arts/Physical Education/Tutorial Form (FAF) must accompany this form. By signing below, I acknowledge and agree that I have voluntarily selected this vendor, without relying upon any representation whatsoever of the Kenai Peninsula Borough School District (KPBSD), that KPBSD makes no representation or warranty whatsoever regarding the qualifications or performance of the vendor, and that by either reimbursing me or paying the vendor directly for services provided, and by conducting a criminal background check, the KPBSD has not established any relationship with the vendor, and is not liable for any damages of any kind or nature whatsoever that may be sustained as a result of the vendor providing services to my child or children.

Must be submitted to your advisor two weeks prior to start of lessons.

Parents please fill in:

Student Name:	[Redacted]	Amount Requested:	
Parent Name:	[Redacted]		
Parent Signature:	[Redacted]	Date:	[Redacted]

Vendor please fill in:

Vendor:	Explorations LLC		
Vendor Address:	48500 Diamond M Ranch Rd	Phone:	9076905848
City, State, Zip:	Kenai, Alaska 99611		
Vendor Signature:		Borough Tax #:	
Type of lesson:			
Start date of lessons:		End date of lessons:	
Number of lessons:		Length of lesson:	Cost per lesson:

Advisor please fill in:

Advisor Signature:		Date:	
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Soldotna Office.....PH:(907) 714-8880..... Fax (907) 262-2859
Homer OfficePH:(907) 226-1880..... Fax (907) 235-3475
Seward OfficePH:(907) 224-9080..... Fax (907) 224-4803



VENDOR DIRECT PAYMENT

Interior Distance Education of Alaska
 2157 Van Horn Road, Fairbanks, AK 99701
 877-582-4332 (Voice) 907-374-2275 (fax)
 instruction@ideafamilies.org

Vendor name: Explorations, LLC
 Name to appear on check: Explorations, LLC
 Mailing address: 48500 Diamond M Ranch Rd
 City, state, zip: Kenai AK 99611
 Phone: 907-690-5848
 Email: explorationsllc@gmail.com

To what subject on the ILP does this instruction relate? _____

All activities, services, guided instruction, or memberships must be tied directly to each student's ILP. Payment cannot be made until after services are rendered. IDEA is prohibited from paying sales tax. This payment request is for (check one):

Guided Instruction Cost/lesson: \$ _____

Other: _____

Field trip, membership, annual pass, or family admission

(Family memberships or entrance fees must be prorated for IDEA students. In addition to IDEA students, we will fund one parent if the parent is providing instruction.)

Total: \$ _____ Family members to whom fee applies: _____

Prorated amount that applies to IDEA students only, or IDEA students and one parent: \$ _____

Student name (first & last):	Type of instruction (be specific):	Start date:	End date:	Total requested:
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Parent name (print): _____

IDEA contact teacher: _____

Grand total: \$ _____

The District makes no guarantees or warranties regarding the services of independent vendors arranged, scheduled, or contracted by parents. In signing below, the parent/guardian waives any and all claims, demands, and/or causes of action they may have or assert against the Galena City School District for services provided by independent vendors, whether or not such claims are now known or unknown, expected or unexpected.

Parent signature: _____

Date: _____

Instructor signature: Ryann Marotta

Date: _____