



Dehesa Charter School

Shaping the Future... One Student at a Time

Vendor Course Instruction Request

This form must be completed and signed by the Parent, Vendor and EF before starting services.

Semester: Fall Sept-Jan Spring Feb-June
 Type of Class: Vendor DCS Learning Center College Online
 *For College and Online classes, no Vendor signature is needed.

Vendor Information

Vendor: _____
 Contact Person: _____ Phone #: _____
 Mailing Address: _____
 Course Title or Description of Services: _____

Method of Payment: Check Money order EUs
 Amount _____ per _____ (Month, Session, Hour, Semester) Totaling: _____
 Starting Date: _____ (mm/dd/yy) Ending Date: _____ (mm/dd/yy)

Student Information

Student Name: _____
 Grade: _____
 Phone Number: _____
 Email: _____

Parent Signature: _____ Date: _____ (mm/dd/yy)
 Vendor Signature: _____ Date: _____ (mm/dd/yy)
 EF Name: _____ Phone: _____
 EF Email: _____

For Administrative Use Only	
EF Approval: _____	_____
Signature	Date
Vendor Coordinator Approval: _____	_____
Signature	Date
	Withdraw Date _____