

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 or any Vendor Direct Payments (VDP) are made. 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:	☐ Beginner	☐ Intermediate	☐ Advanced
Frequency of Lessons:	_____ Per Week	_____ Per Month	Other _____
Length of Lessons:	☐ 30 Minutes	☐ 1 Hour	☐ 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?			
☐ Performance	☐ Practice	☐ Participation	☐ Other _____
Project Materials List:			
Grade will be assigned by:			
☐ Instructor	☐ 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

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: 54615, Hinerman Ave.
City, state, zip: Kenai, AK 99611
Phone: (907) 394-5909
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:
<u>[redacted]</u>	<u>[redacted]</u>	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Parent name (print): [redacted]

IDEA contact teacher: [redacted]

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: [redacted]

Date: [redacted]

Instructor signature: Jan Darch

Date: _____

Vendor Direct Payment (VDP)



Connections
home.school.community.

Soldotna
907-714-8880

Seward
907-224-9035

Homer
907-226-1880

DESCRIPTION: This form is used to set up a direct payment from Connections to a Vendor (i.e., tutor, instructor, etc.) for student lessons. The completed form must be on file before any lessons start or any Vendor Direct Payments are made. All VDP forms also require an Supplemental Instruction Form (SIF).

Student(s): _____

Parent Name: _____

Vendor Information

Name: <u>Explorations LLC</u>	Phone: <u>(907) 394-5909</u>
Address: <u>54615 Hinerman Ave. Kenai, AK 99611</u>	
Vendor Email: <u>explorationsllc@gmail.com</u>	
Vendor Signature: <u>Jan Darch</u>	Date: _____

Class Information

Lesson Type: _____	
Start Date of Lessons: _____	End Date of Lessons: _____
Total # of Lessons / Months: _____	
Cost Per Unit: \$ _____	Total Cost: \$ _____

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Parent Signature: _____ Date: _____

Connections Advisor Signature: _____ Date: _____

❖ ❖ Please submit to your advisor 2 weeks prior to the start of lessons. ❖ ❖