



Teacher signature _____

TDRPD Class Request Form

Student Name	_____		
Class Name	_____		
Age Group	_____		
Date Range	Start date: _____	End date: _____	_____

Please Note: This request MUST be turned in at least one month prior to the service's start date.

Pricing details, choose at least one:

Monthly \$ _____ per month Months Requested _____ \$ _____

Weekly \$ _____ per week Weeks Requested _____ \$ _____

Per lesson \$ _____ per lesson Lessons Requested _____ \$ _____

Other (Please explain)

I understand that I am expected to accompany and be personally responsible for my child while he/she is in attendance at the above class.

I understand that this contract will reflect only those monies available in my student's education budget and I will be financially responsible for any overspending of said budget.

Parent Signature: _____ Date: _____

_____ Office use below _____

Twin Ridges Home Study agrees to pay the above amount upon receipt of invoice. If circumstances allow that full services contracted to not be completed, TDRPD agrees to reimburse Twin Ridges directly, who will then adjust the student's education budget accordingly.

TDRPD Signature: _____ Date: _____

Charter Admin Signature: _____ Date: _____