

# Shasta View Academy

## Enrichment Partner/Subscription Request Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

SVA Teacher: \_\_\_\_\_

Required or Elective Course Covered by Enrichment Partner: \_\_\_\_\_

### REQUIRED ENRICHMENT PARTNER/SUBSCRIPTION KIT INFORMATION

Enrichment Partner/Subscription Kit Name: \_\_\_\_\_

Your mailing address (for subscription kits only) \_\_\_\_\_

Name of class/kit: \_\_\_\_\_

Class/Lesson Time: \_\_\_\_\_

Rate per Class/Lesson/Kit: \$ \_\_\_\_\_

Total number of sessions per month \_\_\_\_\_

**TOTAL AMOUNT REQUESTED PER MONTH:** \$ \_\_\_\_\_ (Amount requested cannot exceed the \$120 monthly EP allowance.)

### REQUIRED SIGNATURES (PARENT, ENRICHMENT PARTNER, TEACHER):

By signing this form, the parent/guardian understands that Shasta View Academy can only pay for classes their student attends. Parent/guardian should find out from the Enrichment Partner their policy on absences. If a student misses two classes in a row, the student's Enrichment Partnership may be terminated for non-attendance. Gym memberships will be canceled if the student does not attend a minimum of 4 times a month. By signing this form, parent/guardian understands that they **may not start seeing the Enrichment Partner until receiving written confirmation from SVA via email that the Enrichment Partner application has been accepted.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrichment Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once the form is completed please email, fax, scan, or text to: [enrichment@shastaview.org](mailto:enrichment@shastaview.org)

Fax: (530)233-3864; (530) 640-0193 (text)

**You will receive notice via email when you may begin the Enrichment Partner course.**