

Agreement Form for Classroom Instruction

Policy Code:

IIAD-E

Adoption Date:

Tuesday, May 25th, 2004

Review Date:

Tuesday, May 25th, 2010

AGREEMENT FORM FOR CLASSROOM INSTRUCTION

Applicant's Name/Agency/Company/Program

Address: _____

Phone: _____ Signature _____

By signing above, I/we agree to abide by all of the conditions stated in the Cooperative Agreement with Iron School District.

Date: _____.

1. Attach detailed description of program, including curriculum, film list, schedule, and any other materials to be used.
2. Attach list of references and any research that may be available to support your program.
3. Send this completed form with signatures to Iron School District, 2077 West Royal Hunte Drive, Cedar City, Utah 84720.

School

Principal's Signature

Teacher's Signature

By signing above, I/we agree to cooperate and coordinate with

Name/Agency/Program

while continuing to actively teach and promote Iron District's K-12 instructional program.

Request Status: Approved _____ Not Approved _____

Signature _____ Date: _____

Superintendent