



SAN FRANCISCO
SCHOOL ALLIANCE

New Contractor Form

Name: _____ Date: _____

Home Address:

SS# _____

Telephone: _____

Specify phone: __ Cell __ Home __ Work

Email: _____

Job Information

Is this person working directly with SFUSD students?: Yes: ___ No: ___

If Yes, then state DOB: _____

Program / Department: _____

Services to be provided: _____

Cost of services / Payrate: _____

Proposed timeline: _____

Payment schedule: _____

Please fax completed form to 955-5799 or e-mail to info@sfschoolalliance.org