

**COASTAL PLAINS HIGH SCHOOL  
CONTRACT FOR SERVICES**

Check made payable to: \_\_\_\_\_

I am retired Georgia TRS recipient: Yes \_\_\_\_ No \_\_\_\_ If yes, salary retirement based on \_\_\_\_\_

Incorporated \_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Do you have other employees helping you perform this service? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide E-Verify number \_\_\_\_\_

Name of Contractor: \_\_\_\_\_  
Last First Middle/Maiden

Home Address: \_\_\_\_\_  
Street P.O. Box  
City State Zip

Social Security # or FEI \_\_\_\_\_ Phone \_\_\_\_\_

Employee Who Initiated Contract: \_\_\_\_\_

Date Services Rendered: \_\_\_\_\_

**The above named individual hereby agrees to perform the following service for the Coastal Plains Education Charter High School:**

**DESCRIPTION OF SERVICES:**

This contract covers the period \_\_\_\_\_ to \_\_\_\_\_, unless terminated in writing at an earlier date by either of the contracting parties on the basis of mutual consent, payment will be subject to the submission of properly executed and approved documentation.

Payment per hour/day/service \_\_\_\_\_

Payment is not to exceed \_\_\_\_\_

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Site Director or Program Coordinator

\_\_\_\_\_  
Provider of Services

\_\_\_\_\_  
Funding Code