

This agreement is effective on 7/1/2019 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on 6/30/2020, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)		Ravenswood City SD				Nonpublic School/Agency		Spectrum School			
Address		2120 Euclid Ave				Address		16360 San Pablo Ave.			
City, State Zip		East Palo Alto CA 94303				City, State, Zip		San Pablo CA 94806			
LEA Case Manager						Phone				Fax	
						e-Mail		accountsreceivable@spectrumschools.com			
Student Last Name				Student First Name				Program Contact Name			
								Phone		Fax	
D.O.B.				I.D. #				e-Mail			
Grade				Level				Sex		(x) M () F	
Parent/ Guardian Last Name		James		Parent/ Guardian First Name		Christine		Education Schedule – Regular School Year			
								Number of Days		210	
								Number of Weeks			
								Education Schedule – Extended School Year			
								Number of Days			
								Number of Weeks			
Address						Contract Begins		7/1/2019		Ends 6/30/2020	
City, State, Zip		East Palo Alto CA 94303				Master Contract Approved by the Governing Board on					
Home Phone				Business							

[illegible]

STUDENT NAME: CrisAnthony James

DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
						TOTAL COST			\$67,130.00

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \$13,580.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ \$67,130.00

4. Other Provisions/Attachments:

5. Progress Reporting Requirements: _____ Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

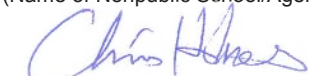
-DISTRICT-

Spectrum School

Ravenswood City SD

(Name of Nonpublic School/Agency)

(Name of School District)



9/16/2019

(Signature)

(Date)

(Signature)

(Date)

Chris Holmes, Senior VP of Operations

(Name and Title)

(Name of Superintendent or Authorized Designee)

clammie@spectrumschools.com