

**STUDENT RESIDENTIAL FACILITY SERVICE AGREEMENT**

**Exhibit A**

|                       |      |           |
|-----------------------|------|-----------|
| Residential Facility: | RCL: | District: |
|-----------------------|------|-----------|

|                 |         |                               |                               |            |        |
|-----------------|---------|-------------------------------|-------------------------------|------------|--------|
| Student's Name: | Gender: | M<br><input type="checkbox"/> | F<br><input type="checkbox"/> | Birthdate: | Grade: |
|-----------------|---------|-------------------------------|-------------------------------|------------|--------|

|                       |                          |                        |
|-----------------------|--------------------------|------------------------|
| Parent/Guardian Name: | Parent/Guardian Address: | Parent/Guardian Phone: |
|-----------------------|--------------------------|------------------------|

All terms and conditions of the Residential Facility Services Agreement, hereinafter referred to as the "Agreement," are incorporated herein by this reference. Invoices shall be submitted based on actual service provided.

**Student Placement Date:** \_\_\_\_\_

| Service  | Rate | Billing Days or Months Per Year |                        |                          | Annual Cost |
|--|------|---------------------------------|------------------------|--------------------------|-------------|
| Residential Fee<br>Room & Board Bed Rate Per Day   |      |                                 |                        |                          |             |
| Residential Fee<br>Room & Board Bed Rate Per Month |      |                                 |                        |                          |             |
| Other Services:                                    | Rate | Billing Days or Months Per Year | Billing Hours Per Year | Billing Minutes Per Year | Annual Cost |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
|  |      |                                 |                        |                          |             |
| <b>Total Annual Cost</b>                           |      |                                 |                        |                          |             |

The parties hereto agree to comply with the terms of the Student Residential Facility Service Agreement by and through their duly authorized agents or representatives.

Residential Facility

District

|                        |        |
|------------------------|--------|
| (Authorized Signature) | (Date) |
|                        |        |
| Phone                  | Fax    |

|                        |        |
|------------------------|--------|
| (Authorized Signature) | (Date) |
|                        |        |
| Phone                  | Fax    |