

# Student Residential Facility Service Agreement

Exhibit A

Residential Facility:	RCL:	District:
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Student's Name	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate:	Grade:
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Parent/Guardian Name:	Parent/Guardian Address:	Parent/Guardian Phone:
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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			
Room & Board Bed Rate Per Day			
Residential Fee			
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)

\_\_\_\_\_  
(Authorized Signature) (date)

\_\_\_\_\_  
Phone: Fax:

\_\_\_\_\_  
Phone: Fax: