

2021/2022 Parent Agreement for CBI/CBF Class

CBI Instructor /Business Name		
CBI Class Name		
Class hours/week	Approx. Cost/mo	
Monthly reporting contact email		
OASIS Student Name(s)		
Name of OASIS Certificated Teacher		

By signing below:

- 1. I/We agree to abide by all policies and procedures regarding Community Based Instruction in partnership with OASIS, including the policy that all classes must be in a group setting and not private lessons.
- 2. I/We understand that this form must be approved in advance by the OASIS Certificated Teacher.
- 3. I/We understand that CBI/CBF services are optional, and OASIS will not pay for unapproved CBIs. All classes must be Substantially Similar to those offered at a similar grade level to all students in the Orcas Island School District to be approved.
- 4. I/We understand that activities that include religious instruction, materials, or worship will not be paid for as per Washington Constitution Article 1, Section 11.
- 5. I/We understand that OASIS does not provide medical or liability insurance for students or CBI/CBFs and it is the responsibility of the family and the CBI/CBF to carry insurance appropriate for the activity.
- 6. I/We agree to provide my/our own transportation to and from all programs, classes or activities.
- 7. I/We agree to immediately report any problems to the OASIS certificated teacher or OASIS Principal.
- 8. Lastly, I/We understand that classes that include physical education or any other high risk activity require submission of both pages of the High Risk Activity Documentation and proof of health insurance prior to participation.

Parent/Guardian SignatureD	Date	_//
----------------------------	------	-----

Certificated OASIS Teacher Signature

My signature above indicates I have approved the CBI/CBF and have added this activity to the Student Learning Plan.

611 School Road | Eastsound, WA 98245 | ph: 360.376.1598 | fax: 360.376.1524

www.OASISK-12.org

updated 05/19