

Nordonia Hills City School District
Purchase Service Contract for Non-Employee

This agreement is entered into this _____ day of _____, 20_____,
between _____, the employee and Nordonia
Hills City School District for the payment of \$_____. The aforementioned
individual agrees to provide the following service(s) on the following date(s) or
time period: _____

Fingerprints are already on file with the district.

Fingerprinting is *REQUIRED* for anyone working with students. Contact
Sue Kunar at 330-467-4587 or email at Sue.Kunar@nordoniaschools.org to be
fingerprinted *PRIOR TO* completing this form. The FBI/BCI check costs \$47.25
payable by the individual.

W-9 form previously submitted to the district.

For first time workers, complete and attach a W-9 form to this form.

By signing this contract, I recognize that I am not an employee of the Nordonia
Hills City School District and, therefore, I am responsible for providing my own
worker's compensation coverage as a self-employed person and declaring
earnings for all tax purposes (local, state and federal).

Individual/Contractor's Signature

Administrator's Signature

Treasurer's Signature

Full Name and Address: (please print)

Birthdate: _____