

1. **PARTIES.** The parties to this Professional Services Contract are the ARLINGTON PUBLIC SCHOOLS NO. 16 ("District") and ("Contractor").

No employer - employee relationship is established by this Contract and no assumption of liability is implied or expressed. This contract is effective beginning  and will terminate on  unless mutually extended.

2. **SERVICES PROVIDED BY CONTRACTOR.** The contractor will provide the following services:

3. **COMPENSATION.** The ASB/School will pay the Contractor a fee of \$  in the form of a check for specified services.

CONTRACTOR	DISTRICT APPROVAL
<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>
SIGNATURE _____	PRINCIPAL'S SIGNATURE _____
PRINT NAME <input style="width: 90%;" type="text"/>	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>
ADDRESS <input style="width: 90%;" type="text"/>	ASB SIGNATURE _____
CITY, STATE, ZIP <input style="width: 90%;" type="text"/>	DATE <input style="width: 80%;" type="text"/>
SSN/FEDERAL ID <input style="width: 90%;" type="text"/>	BUDGET NUMBER <input style="width: 80%;" type="text"/>
UBI NUMBER <input style="width: 90%;" type="text"/>	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>
PHONE <input style="width: 90%;" type="text"/>	ASB ADVISOR _____
DATE <input style="width: 90%;" type="text"/>	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>
	ASB STUDENT OFFICER _____
	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>
	ASB BOOKKEEPER _____

District Office Approval \_\_\_\_\_ \*\*Original signature required! Please print and sign.\*\*  
*(This notation will not print.)* Date