



# Copper River School District

Home Education Program

PO Box 108

Glennallen, AK 99588

1-888-822-3234

Web Address: [www.upstreamlearning.org](http://www.upstreamlearning.org)

## Student Activity Course Evaluation/Billing Form

Student \_\_\_\_\_ Subject \_\_\_\_\_  
Grade \_\_\_\_\_ Instructor \_\_\_\_\_  
Date \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Current W-9 on file or included? Yes \_\_\_\_\_

Goals/Objectives \_\_\_\_\_  
\_\_\_\_\_

Beginning Date \_\_\_\_\_  
Ending Date \_\_\_\_\_  
How often lessons occur \_\_\_\_\_  
Schedule (meeting dates) \_\_\_\_\_  
\_\_\_\_\_

Length of lesson \_\_\_\_\_  
Cost per lesson \_\_\_\_\_  
Total cost for this session \_\_\_\_\_  
Make check payable to \_\_\_\_\_  
Address: \_\_\_\_\_

Comments on student progress \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will send a grade and an attendance record at the end of the session.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

Be sure to fill out form completely

**Please mail all forms. Do not fax.**

\_\_\_\_\_  
Teacher of record signature

\_\_\_\_\_  
Date

Revised 1/2010