

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development Division
 Private Business and Vocational Schools
 100 North First Street, E-310
 Springfield, IL 62777-0001

DECLARATION OF SALES PRACTICES AGREEMENT

ISBE USE ONLY	
Staff Initials & Verification Date _____ / ____ / ____	
Division Administrator Approval	
<input type="checkbox"/> Accepted	Date
<input type="checkbox"/> Rejected	____ / ____ / ____

Instructions: Please complete all questions below and forward to your assigned liaison for review.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. I am the approved chief managing employee and owner of the school | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am the only individual engaging in the inducement and enrollment of students for this school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I negotiate enrollment agreements as the "Sales Representative" and am the school official "accepting" the enrollment agreements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand clearly the statutory definition of a sales representative means that a person employed by a school as defined herein, whether such school is located within or outside Illinois, to act as an agent, sales person, broker or independent contractor to procure directly students or enrollees for such school by solicitation in any form made at any place in this State. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I understand that employment of telemarketers and/or independent contractors automatically and immediately negates eligibility for the "Declaration of Sales practices." | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I agree to notify the Illinois State Board of Education prior to the hiring or assigning an employee any or all of the responsibilities of a "Sales Representative." | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I understand the assignment and/or delegation of any or all sales activity to an employee will automatically and immediately negate this "Declaration of Sales Practice Agreement." | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I agree to follow all Illinois laws and rules pertinent to sales practices, fair business practices and the enrollment of students. | <input type="checkbox"/> | <input type="checkbox"/> |

 NAME OF OWNER/CHIEF MANAGING EMPLOYEE

 DATE

Original Signature of Owner/Chief Managing Employee