

School District of Spring Valley

# Community Education

Class Proposal Form
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*All class proposals will be reviewed by the Community Education Advisory Council.*

Title of the Class: \_\_\_\_\_ Target Age: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please give a brief description of the class. Be specific about what participants will learn and how it will benefit them. Also list any supplies participants will need to bring to class.

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Class Date(s): \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

Class Start & End Time: \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

Minimum Number of Students: \_\_\_\_\_ Maximum Number of Students: \_\_\_\_\_

Proposed Registration Fee: \_\_\_\_\_ Material Fees: \_\_\_\_\_

Additional Equipment and/or Materials needed: \_\_\_\_\_

Have you taught for any other Community Education programs?      Yes    No

If yes, which district(s)? \_\_\_\_\_