



COMMUNITY ED COURSE PROPOSAL

COURSE INFORMATION

Course Title _____

Course Description _____

Class Day(s): Sun Mon Tue Wed Thu Fri Sat

Start Date _____ End Date _____

Class Time _____ : _____ AM PM to _____ : _____ AM PM

Total # Classes _____

Student Age Range _____

Maximum Class Size _____

Supply List (if any) _____

Materials Fee _____

Special classroom needs/set up _____

Over for Instructor information

INSTRUCTOR INFORMATION

Name _____ **M F**

Address _____ **Zip** _____

Contact Phone #s _____

Email _____

Short bio on your background to teach this subject _____

Paid _____ **Volunteer** _____

If paid, Fee or Hourly Rate _____

Return to:

*Carla Stone
Community Education
900 N. Elm Street
Weatherford TX 76086*

*Fax: 817-598-2807
cstone@weatherfordisd.com*