



COMMUNITY ED COURSE PROPOSAL

COURSE INFORMATION

Course Title _____

Course Description (brief but detailed – may continue on back if needed)

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

Class Start Date _____ Class End Date _____

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

Total # Classes _____

Student Age Range _____

Maximum Class Size _____

Supply List (if any) _____

Materials Fee Payable to you _____

Special classroom needs/set up _____

Continue on next page 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:

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