



LAKE CITY COMMUNITY EDUCATION

Course Proposal Instructor Information

Name _____
 Address _____ City _____ State/Zip _____
 Work Phone _____ Cell Phone _____
 E-mail _____
 Emergency Contact _____ Phone _____

Course Information

Course Title	# of Sessions	Age/grade	Day(s) of Week	Time	Room Needs	School	Start Date	End Date	Skip Dates

Course Title: _____

Course Description: Complete description as you wish it to appear in the Community Education brochure. If participants are expected to bring anything to class or if there is a supply fee please indicate that information as well. (Descriptions may be edited for space or content.)

Instructor Bio: _____

Class Maximum _____ Class Minimum _____
 Instructor Compensation
 Hourly _____ Per Student _____ Percent of Revenue _____

Facilities, Supplies and Equipment

Technology or audio visual equipment (limited availability): _____
 Special Facility needs: _____
 Other Facilities/Equipment requests: _____



LAKE CITY COMMUNITY EDUCATION

Office Use Only

Total Course expense

Number of hours _____ x \$ _____ (hrly rate) + \$ _____ (material costs) + other costs =

Total amount \$ _____

Method of Payment: Time Sheet Contract

Instructor Signature: _____

Community Education Coordinator Signature: _____

Return to: Amanda Kvasnicka ISD 813 Community Education Director