



Enrichment Department
501 West University Dr.
Rochester, MI 48307
Phone: (248) 726-3165
Fax: (248) 726-3025
Email: smallets@rochester.k12.mi.us

ENRICHMENT PROGRAM PROPOSAL

Business/Organization Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State ZIP Code

CLASS INFORMATION

Class Name: \_\_\_\_\_ Ages: \_\_\_\_\_

Class Description: [Empty box]

Preferred Location: \_\_\_\_\_

Days of the Week: [ ]M [ ]Tu [ ]W [ ]Th [ ]F

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

# of Sessions: \_\_\_\_\_ Class Min/Max: \_\_\_\_\_/\_\_\_\_\_ Class Fee: \_\_\_\_\_ Materials Fee: \_\_\_\_\_

No Class Dates: \_\_\_\_\_

Participant Information Needed: [ ]Grade [ ]Age [ ]School [ ]Gender [ ]T-Shirt Size

Participant Instructions: (i.e. what to bring, clothing, etc.) [Empty box]

SUPPLEMENTAL DOCUMENTATION

Please Submit Electronic Copies of the Following

Instructor Resume

Program Brochure/Flyer

Sample Class Syllabus

Any Additional Documentation

I attest that all the information above and supplemental documentation submitted is accurate and true. I understand that Rochester Community Schools has the right to refuse any program proposal without cause or reason. I understand that programs that do not meet the needs or policies of the district will not be accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Date Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_ Approved: \_\_\_\_\_ Initials: \_\_\_\_\_