



Dexter Community Education
3060 Kensington Street
Dexter, MI 48130
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CLASS PROPOSAL

Instructor's Name: _____ Email: _____
 Street Address: _____ City/ZIP: _____
 Primary Phone: _____ Alternate Phone: _____ Fax: _____

CLASS TITLE _____
 DESCRIPTION (2-5 sentences for our brochure) _____

CLASS SEASON	CLASS IS FOR	CLASS DETAILS
Fall (Sept-Dec) _____	Adults _____	Day of week _____
Winter (Jan-March) _____	Youth _____ (ages)	Number of weeks _____
Spring/Summer (Apr-Aug) _____	-or- Youth _____ (grades)	Preferred start date _____
	Min # of students _____	Class start time _____
	Max # of students _____	Class end time _____

What are your qualifications (skills, education, experience) to teach this class? _____

If you have not taught a Dexter Community Education class before, please list two references:

Name: _____ Phone: _____
 Name: _____ Phone: _____

Will your class have any additional materials or supplies fee? yes ___ no ___ If yes, how much? _____

*PLEASE NOTE: A background check is required of all employees hired by the district. Employees working with children are required to have LIVESCAN fingerprints completed prior to beginning employment. Prints are electronically submitted to the Michigan State Police and FBI for criminal history search results and results are emailed directly to individual districts. The cost for fingerprinting and processing is the responsibility of employees. For questions regarding background checks or to obtain the proper form, please contact Jon Keith. **RETURN THIS FORM TO JON KEITH AT THE ADDRESS ABOVE.***