



**Dexter Community Education**

2704 Baker Road  
Dexter, MI 48130  
734-424-4180

communityed@dexterschools.org

Jon Keith  
Program Coordinator  
keithj@dexterschools.org

**CLASS PROPOSAL**

Samantha Brandt  
Director  
brandts@dexterschools.org

Instructor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<p>CLASS TITLE _____</p> <p>DESCRIPTION (2-5 sentences for our brochure) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**CLASS SEASON**

Fall (Sept-Dec) \_\_\_\_\_  
Winter (Jan-March) \_\_\_\_\_  
Spring/Summer (Apr-Aug) \_\_\_\_\_

**CLASS IS FOR**

Adults \_\_\_\_\_  
Youth \_\_\_\_\_ (ages)  
-or- Youth \_\_\_\_\_ (grades)  
Min # of students \_\_\_\_\_  
Max # of students \_\_\_\_\_

**CLASS DETAILS**

Day of week \_\_\_\_\_  
Number of weeks \_\_\_\_\_  
Preferred start date \_\_\_\_\_  
Class start time \_\_\_\_\_  
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.*