



Enrichment Department
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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: _____