

Holland Community Education Second Term 2018
January 6th, 2018 - May 21th, 2018

Course Name _____

- ☐ Course description is unchanged this semester
- ☐ Revised course description (attach)
- ☐ New course (attach description and brief outline of material)

Weekday(s) _____ # of class meetings _____

Start date _____ End date _____

Suspended dates _____

Start time _____ AM / PM End time _____ AM / PM

Minimum student # _____ Maximum student # _____

Preferred location for course(High School, Elementary School)

☐ Check this box if you have any special needs including, but not limited to: room requirements, A/V or other equipment requirements.

Instructor information:

Name _____

Address _____

Phone(s)
 Home _____ Work _____ Cell _____

Email _____

Website _____

**CIRCLE EVERY DATE
 THAT YOU INTEND TO HOLD CLASS.**

Jan. 2018

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Feb. 2018

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

Mar. 2018

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Apr. 2018

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NO classes at any time in schools for dates marked in **GRAY**.

Off campus classes may be held on any date at teacher's discretion.

**Return this proposal form
 no later than Nov. 2, 2017
 to the address or fax below.**

103 Canada Street, Holland, NY 14080
 ATTN: Michelle Krieger

Fax: (716) 537-8252
 ATTN: Michelle Krieger

For any questions or concerns call/email
 Michelle Krieger
 Community Education Director
 (716) 537-8265
 mkrieger@hollandcsd.org

**Please use a separate form for each
 course you wish to teach.**

Additional forms can be downloaded @
 the Holland Central Schools website:
www.holland.wnyric.org
 under the Community Ed. tab

☐ I wish to be paid through the payroll department.

☐ I have a DBA and will invoice
 \$ _____

☐ I have a co-instructor for this course

OFFICE USE ONLY

Course number _____
 Course fee _____
 Room assigned _____
 Hourly rate _____
 DBA on file _____

Senior discount Y N
 Non-resident premium Y N
 Building use Y N