LAKE ORION COMMUNITY SCHOOLS ENRICHMENT SERVICES

Phone 248-693-5436, ext. 1 Fax 248-814-0203

Enrichment Class Intent Form

Please indicate your intention to teach by completing this form **and returning it to the Enrichment Services Office, liz.walkerkreutziger@lok12.org.**

Name _____ Phone _____

Address _____ Email _____

_____ Business Website _____

TITLE OF CLASS _____ Suggested Cost _____

Brief Description for Brochure _____

_____

_____

Special material(s) needed by students (if any)

_____ Estimated cost _____

Please list information, if any, that you would like printed on a receipt to your students (for example what to bring, what to wear, etc.)

_____

_____

Additional fee required for your class for materials, supplies, etc. (you will collect) _____

Minimum # of students for class to go _____ Maximum # of students _____

BROCHURE

Which Brochure would you like your class to be in?

- ☐ FALL Brochure
- ☐ WINTER Brochure
- ☐ SPRING/SUMMER Brochure

Class start date:
_____
Day: M T W Th F
Time: _____
# of weeks: _____

Confirm Intent to Teach:

- ☐ Fall
- ☐ Winter
- ☐ Spring/Summer