



**Laurie A. Silva, Director**  
 Brockton Community Schools  
 Phone (508) 580-7595 Fax (508) 894-4258  
[laurieasilva@bpsma.org](mailto:laurieasilva@bpsma.org)

**BROCKTON COMMUNITY SCHOOLS**  
*STUDENT PROPOSAL FORM*

Please fill out this page and return to the **Community School's office, attention *Karina England* by email at [karinaengland@bpsma.org](mailto:karinaengland@bpsma.org) or by mail to 43 Crescent Street, Brockton, MA 02301.**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The Community Schools Office is working to **increase** interest and enrollment in all recreational courses. We are expanding our advertising in a number of new venues. If you know of a particular medium, location, or area that we could include in our advertising for your specialty course, please write the information in the space provided below.

***It is required of all employees, volunteers and part-time staff of Brockton Community Schools to have a CORI check and fingerprinting prior to teaching a class.***

|   |
|---|
| <b>Are you interested in teaching a class for Brockton Community Schools?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Season?</b><br><input type="checkbox"/> Fall/Winter <input type="checkbox"/> Winter <input type="checkbox"/> Winter/Spring <input type="checkbox"/> Spring |
| <b>Have you taught for Community Schools before?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>COURSE LENGTH:</b> <input type="checkbox"/> 10 week class <input type="checkbox"/> 8 week class <input type="checkbox"/> Quick Fix Class ( <i>4 nights or less</i> )<br><input type="checkbox"/> Other: _____  |
| <b>PROPOSED DATES/TIME:</b> _____   |
| <b>COURSE DESCRIPTION</b> ( <i>please limit to 300 characters or less</i> ):<br><br><br><b>COURSE NAME</b> ( <i>keep it pithy</i> ):<br><b>Location(s) for advertising your course</b> (if applicable):   |
| <b><i>Technology &amp; Computer instructors; please submit, separately, a course outline in addition to this form.</i></b>  |
| <u>For office use only</u>  |
| <b>Price:</b> _____   |
| <b>PLEASE RETURN COMPLETED FORMS TO Karina England</b><br><i>(karinaengland@bpsma.org)</i>  |

