



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

BROCKTON COMMUNITY SCHOOLS
ADULT ENRICHMENT PROPOSAL FORM

Please fill out this page and return to the **Community School's office, attention *Karina England* by email at 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.

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

