



RAMSEY COMMUNITY SCHOOL

Instructor Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Cell Phone: _____

Email address: _____

Proposed Course

Please use one form per course proposed and attachments as needed.

Suggested Course Title: _____

Brief course description: _____

Brief outline (if course continues more than one day list material covered in each class; Class 1, Class2):

Day preferred: _____
(Circle one) Monday Tuesday Wednesday Thursday Friday Saturday

Dates preferred: _____ to _____

Time preferred: _____ P.M. _____ A.M. (Sat. only)

Proposed length of class: _____ # classes, _____ hours each (1-3 hours recommended)

Minimum Enrollment: _____ Maximum Enrollment: _____

Handouts to be copied? YES NO Supplies fee charge for student? \$ _____ YES NO

Required text: _____ approx. cost \$ _____

Salary by (check one): _____ hour _____ per class _____ per student _____ per course

Payment Method: W-4 W-9 (independent contractor)

Equipment Needed: VCR/Monitor DVD/Monitor Computer

Room set-up needed: _____

For office use only:
Date received: _____
Category: _____