

PRSD Community Education Class Planning Form



Please type information in the boxes provided. **Return completed form to:**
Pentucket Community Education, 22 Main St, West Newbury, Ma 01985
Fax: 978-363-1165/email: dferrara@prsd.org

Class is for: ☐ Adults ☐ Youth (Grade) _____

Proposed Class Title:

Instructor Information

Instructor Name & Credentials (as you wish to be listed in catalog)

Click here to enter text.

Office Use Only

Permit #

Room #

Address:

City, State, Zip:

1st Contact No.:

2nd Contact No.:

Email:

Class Information

Days of the Week Preference:

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Number of Sessions:

Times (Start-Finish): am/pm to am/pm

Start Date:

End Date:

Date Exceptions (when the class will not meet)

Class Fee: *Office use only*

Class Description:

Click here to enter text.

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Minimum # of Students:

Maximum #of Students:

Room Set Up

Type of room needed and special set up requirements. Please explain thoroughly.

Audio Visual Equipment Needed:

☐ LCD Projector

☐ CD/DVD Player & Monitor

☐ Screen

☐ Other

Salary Expectations:

\$ /Hour

Salary for Class:

Office Use Only