



Enrichment Department
52585 Dequindre Rd.
Rochester, MI 48307
Phone: (248) 726-3165
Fax: (248) 726-3025
Email: smallets@rochester.k12.mi.us

ENRICHMENT PROGRAM PROPOSAL

Business/Organization Name: _____

Your Name: _____ Your Title: _____

Phone: _____ Fax: _____ Email: _____

Address: _____
Street City State ZIP Code

CLASS INFORMATION

Class Name: _____ Ages: _____

Class Description:

Preferred Location: _____

Days of the Week: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

of Sessions: _____ Class Min/Max: _____ / _____ Class Fee: _____ Materials Fee: _____

No Class Dates: _____

Participant Information Needed: ☐ Grade ☐ Age ☐ School ☐ Gender ☐ T-Shirt Size

Participant Instructions:
(i.e. what to bring, clothing, etc.)

SUPPLEMENTAL DOCUMENTATION

Please Submit Electronic Copies of the Following

Instructor Resume

Program Brochure/Flyer

Sample Lesson Plan

Any Additional Documentation

I attest that all the information above and supplemental documentation submitted is accurate and true. I understand that Rochester Community Schools has the right to refuse any program proposal without cause or reason. I understand that programs that do not meet the needs or policies of the district will not be accepted.

Signature: _____ Date: _____

Office Use Only

Date Rec'd: _____ Initials: _____ Approved: _____ Initials: _____