

Schenectady City School District
Washington Irving Educational Center
422 Mumford St.
Schenectady, NY 12307
370-8220 or 370-8350
Fax 370-8225

Adult & Continuing Education
Instructor Registration Form – Spring
Classes start the week of March 5, 2012

(deadline to submit course is Thursday, December 1, 2011)

Thank you for your interest in teaching continuing education classes to the adults in our community!

Please provide the following:

Instructor Name:

What qualifies you to teach this class?

Title of Course:

Choose day(s) of the week:

Monday Tuesday Wednesday Thursday Friday

How many weeks? (indicate 1 to 8 weeks) **Start: (insert date)** **End:**

see SCSD calendar (on-site classes will not meet when school is not in session or on vacation days)

Time: (between 5:30 p.m. – 9:00 p.m.) *from* p.m. *to* p.m.

Minimum enrollment: students **Maximum enrollment:** students

Any special request or room needs?

Material or supply fee? (to be collected by instructor) Yes No **If yes, amount?** \$

Description of class: (as you want it to appear in the catalog – to be edited for grammar and space. Be sure to include: any specific “pre-requisites” or experience that may be needed and/or equipment (ex. floor mat; acoustic guitar; drawing pencils; medical clearance from physician etc.)

Payment Provider Information: (Complete only if you are new or have any changes.)

Name:

Street Address: Apt.

City:

State: Zip:

Phone #: Fax:

Email address:

I will not charge for teaching this course.

My fee for presenting the entire **COURSE** will be \$ per person.

I understand the Adult & Continuing Ed Program will increase the per person rate to cover the incidental costs of running this program.

We will contact you by Friday March 2, 2012 with your class list, or advise you if class registration did not meet your minimum requirement.

(see additional information sheet regarding instructor payment procedures)