

Request to Teach Form

Name: _____

Phone Numbers: (H) _____ (C) _____

E-Mail: _____

Co-Teacher: _____

Phone Numbers: (H) _____ (C) _____

E-Mail: _____

Class Title: _____

Brief Description: _____

Grades for which the class is offered: _____

Minimum number of students: _____ Max number of students: _____

Student/Volunteer ratio requested: _____

For Parent Teachers: The projected maximum amount needed to cover the cost of supplies _____ (receipts for reimbursements need to be submitted to our treasurer, Sandy Lorenz or Heather Denio, on the 4th and 8th weeks of class). If no fee is specified, a maximum of \$20.00 per student will be set aside for receipt reimbursement.

OR

For Contracted Instructors: The fee *per student* _____ (1/2 of the total amount owed will be paid mid-session, and the balance paid on the final session unless other arrangements are made with our treasurer, Sandy Lorenz or Heather Denio).

I have read and understand the IMPACT Statement of Faith located on the IMPACT website. www.impactcoop.org