

FAMILY ACADEMY CLASS

Request Form

Please complete all areas.

School Site: _____

Date Submitted: _____

Contact Person: _____

E-mail Address: _____

After Hours Phone Number: _____

Will class(es) be offered to staff as Professional Development? Yes No

Will childcare be provided? Yes No

Will refreshments be provided for participants? Yes No

Will this class be a part of another program/event on this date? Yes No

The contact person is responsible for providing Family Academy with room numbers and ensuring that rooms have the required technology equipment provided.

Class Title	Class Date Requested	Class Start Time	Class End Time	Class Assignment	Cost	Estimate Number of Participants
1.					<input type="checkbox"/> \$300.00	
2.					<input type="checkbox"/> \$300.00	
3.					<input type="checkbox"/> \$300.00	
4.					<input type="checkbox"/> \$300.00	

Principal Signature: _____

Date: _____

DPS Family Academy • Community Education and Family Engagement

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