



**Materials Required for the Course**

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**Cost of the Class** \_\_\_ None \_\_\_ \$\_\_\_\_\_ reason for cost \_\_\_\_\_

**Class Size** Minimum # of Students \_\_\_\_\_ Maximum # of Students \_\_\_\_\_

These numbers should be based on teachers need for minimum # and classroom size or space available for maximum #.

**Items needed for class** \_\_\_ None \_\_\_ Tables \_\_\_ Chairs \_\_\_ Chalk Board \_\_\_ Other \_\_\_\_\_

**Additional Information** (Include any additional information that the parents/students should be aware of before the course starts)

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**AGREEMENT**

If my class is approved then I understand and accept the following responsibilities:

1. I will commit myself to the position of teacher for the semester.
2. I will attend the planning meeting or send the Cooperative Coordinator my class information prior to the planning meeting. I understand forms received after the Planning Meeting will not be accepted.
3. I understand that under no circumstances am I to cancel my class. In the event that I must miss a class, I will provide one of the following:
  - A. Pre-Arranged Absence: I will be absent on \_\_\_\_\_ and I have arranged for \_\_\_\_\_ to teach my class. I understand it is my responsibility to provide my substitute with all the materials and information needed to teach the week I am gone. All pre-arranged absences must be submitted to the Cooperative Coordinator in writing at least two weeks prior to the absence
  - B. Last Minute Absence: In the event of an illness or other unforeseen circumstance, I understand that **I am responsible for securing a replacement** for my class prior to the start of the Cooperative Day. I also understand that I am responsible for providing this person all the materials and information they need or for reimbursing this individual for the supplies they had to purchase on my behalf. I realize that I am responsible for contacting the Cooperative Coordinator prior to the start of the Cooperative day with information regarding my absence and my substitutes name. I understand that if I do not make arrangements for my class in my absence or I fail to contact the Cooperative Coordinator that my future teaching privileges and volunteer incentive points may be revoked.

Each teacher volunteers their time in the unique and exciting opportunity to help shape young lives. We ask that those who take a position of leadership (such as teaching) read the handbook and by-laws.

I have read the above statements and I agree to them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU!  
for your willingness to teach our children!!**