

# ENROLLMENT FORM



## CONTACT

Contact Name: \_\_\_\_\_  
School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you have authorization to make decisions regarding the implementation of the Reach and Teach program at your school?  
\_\_\_\_\_ If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION

Please provide the following demographic details regarding your school.

Ethnic distribution:  
\_\_\_\_\_% Caucasian \_\_\_\_% African-American \_\_\_\_% Hispanic \_\_\_\_% Other  
Socioeconomic details:  
\_\_\_\_\_% Free lunch \_\_\_\_% Reduced Lunch \_\_\_\_% Ineligible for free/reduced

## CURRICULUM IMPLEMENTATION

Course(s) you plan to implement the Reach and Teach curriculum: \_\_\_\_\_  
# of students enrolled in this course: \_\_\_\_\_ Student age range: \_\_\_\_\_  
When do you plan to implement the curriculum? \_\_\_\_\_

## CONCERT PARTICIPATION

# of expected concert attendees: \_\_\_\_\_ Attendee age range: \_\_\_\_\_  
Do you plan to invite the community? \_\_\_\_\_  
Please select three potential concert dates (Mon – Wed): \_\_\_\_\_  
Preferred Reach and Teach artist: \_\_\_\_\_

## AUTHORIZATION

The implementation of the program has been authorized by:  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_