

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 lunch

CURRICULUM IMPLEMENTATION

Course(s) you plan to implement the Reach and Teach curriculum: _____

Number of students enrolled in this course: _____ Student age range: _____

When do you plan to implement the Reach and Teach curriculum? _____

CONCERT PARTICIPATION

Number of expected concert attendees: _____ Attendee age range: _____

Do you plan to invite the community? _____

Please select three potential concert dates (Monday – Wednesday): _____

AUTHORIZATION

The implementation of the Reach and Teach program has been authorized by:

Printed Name: _____ Title: _____

Signature: _____ Date: _____