



2017-18 In-School Residency Programs Application

Section I. SCHOOL INFORMATION

Please fill out the form completely. Should you have any questions, please call the Arts Education department at 973.353.7058.

School Name: _____

School Address: _____

Street Address

City

State

Zip

School Phone Number

School Fax Number

School Website

County: _____ School District: _____

Principal

Name: _____

Title

First

Last

Principal's Phone Number

Principal's Email Address

School Secretary

Name: _____

Title

First

Last

School Secretary's Phone Number

School Secretary's Email Address

In-School Liaison *The Group In-School Liaison is the individual responsible for coordinating the residencies.*

Name: _____

Title

First

Last

Liaison's Phone Number

Liaison's Email Address

Section II. RESIDENCY SELECTION

Please list all programs your school is applying for below.

PROGRAM NAME	GRADE LEVEL	NUMBER OF RESIDENCIES	APPROX. NUMBER OF STUDENTS PER CLASS*	SESSION: FALL (OCT-DEC/JAN) WINTER (JAN-MAR) SPRING (MAR-MAY/JUNE)

* Each residency serves one classroom up to 30 students

2017–18 In-School Residency Programs Application

Section III. PAYMENT INFORMATION

A purchase order or check is required immediately after invoice is received by school/district.

Purchase Orders must be received by the following:

Fall/Winter Residencies = November 17, 2017 · Spring Residencies = February 16, 2018

How will you be paying for this order?

Purchase Order – Purchase Order is issued by _____

Check – Check is issued by _____

Name of Fiscal Officer: _____ Title: _____

Phone Number: _____ Email Address: _____

Section IV. SCHEDULE & FACILITY INFORMATION

PROGRAM NAME	AVAILABLE DAYS OF THE WEEK*	CLASS PERIOD AND TIME	PARTICIPATING CLASSROOM TEACHER	TEACHER'S EMAIL ADDRESS

* Standard residency classes take place twice a week

Do you have students with special needs? Yes No

Are there ELL children? If so, what languages do they speak? _____

Facility available for classes:

Classroom Auditorium Multipurpose Room Gym Cafeteria Other. Please describe _____

Type of Flooring per facility: Wood-Sprung Linoleum Tile Concrete

Piano available? Yes No iPod Dock available? Yes No

CD player available? Yes No Smartboard available? Yes No

Section V. ORDER COMPLETION

I certify that the information entered in this order form is true and complete.

I also understand that an order is not complete until I receive a confirmation of receipt from NJPAC and an invoice.

Signature of School Representative: _____

Title: _____ Date: _____

NJPAC USE ONLY: _____

DATE RECEIVED: _____

DATE ENTERED: _____

INVOICE #: _____

PO #: _____

ACCOUNT #: _____

Please mail, fax or email the completed form to:

In-School Residency Programs

New Jersey Performing Arts Center · 1 Center Street, Newark, NJ 07102

Fax: 973.642.7799 **Email:** artseducation@njpac.org **Questions:** 973.353.7058

