


Transforming Lives Through Theater
Theater in Education Program Application

Please select the program(s) your school is applying for:

Partnership Program Literacy Plus Residency First Stage in your School
 Early Literacy Residency Acting in Good Character Residency

School Name: _____

School Address: _____

School Phone: _____

Primary Contact Name and Title: _____

Email: _____ Phone: _____

Administrator Name and Title: _____

Email: _____ Phone: _____

How many classrooms would you like to participate in the program? Please indicate number of classrooms per grade level:

K4 K5 1st 2nd 3rd 4th
 5th 6th 7th 8th Other

Participating Teachers' Names and Emails:

First Stage Theater in Education Program Policies

Please initial each policy to indicate you have read and agree to uphold these policies

_____ First Stage will provide full time management and administration of the entire program. **Your school is responsible for booking the performances, ordering transportation, and confirming First Stage schedules for the classroom workshops.**

_____ When booking show tickets, be sure to provide us with the total number of seats you need, including all adults and chaperones. Your school will receive one complimentary chaperone seat for every 10 student seats booked. **Any adjustments to ticket numbers can be made as needed until one month before your performance date. No refunds or exchanges are possible after this date. Refunds will not be given for students who are absent.**

_____ **Classroom teachers are expected to be present during all First Stage sessions.** It is a First Stage policy to have classroom teachers in the room at all times when we are there. Even though the teaching artist will be the primary facilitator during these sessions, the classroom teacher is still responsible for his/her students.

_____ First Stage will reimburse the school for the cost of the bus to take students to First Stage to see the chosen program production(s). **Your school is responsible for the initial transportation payment to and from your performance.** Please fax your bus invoices IMMEDIATELY to: 414-267-2930, attention: Julia Magnasco. **Bus invoices must be faxed to First Stage prior to your trip to the theater for reimbursement, or full payment by First Stage is not guaranteed.**

_____ **The school agrees to pay the agreed upon program amount to participate in First Stage Education programming.**

Signing indicates you have read and fully understand the information contained in this agreement. Please contact Julia Magnasco, Education Director, at jmagnasco@firststage.org or call 414-267-2971 for any questions or concerns.

Primary School Contact Signature

School Administrator Signature

Date _____

Date _____