

TEACHING ARTISTS PROGRAM

Residency Request

School: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Site Principal: _____

Telephone: _____ Email Address: _____

Requesting Classroom Teacher: _____ Grade: _____

Telephone: _____ Email Address: _____

Requested Number of Sessions: (circle one) 4 sessions 5 sessions 6 sessions

Curriculum/Subject Content: _____

Special Classroom Considerations: _____

Thank you for your interest in the Teaching Artists Program (TAP)!