



Leah Prunty Dance Arts After School Performing Arts Program Placement Request Form

Applicant School Information

School Name: _____ Date: _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

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Phone Number

Name of School Official completing this form:

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School Parameters

Please state the estimated number of students anticipated to participate in the LPDA Program:

Please state the number of months and or years your school would like to be a host for this program:

Month/Year your school would like to start this program:

The LPDA Program is available and operates after school during 2 different time frames of the school's preference.
Please select your preference:

3:00pm-5:00pm

4:00pm-6:00pm

Facility Information

Briefly describe the facility where the program will operate at your school. Please include number of exits (in emergency situations), after school security (if any), ventilation (if indoors), available first aid kits, fire extinguishers and any dance equipment the school already has.

If your school does not already, please list dance equipment your school's activity facility will need, so our staff can prepare accordingly:

Has your school previously had any arts programming?

YES NO If so, briefly describe:

In your own words, please describe the importance of offering performing arts or arts education at your school.

School Demographics

If possible, please list the different ethnic backgrounds present at your school by percentage.

Parent/Teacher/Student Desire

Briefly describe if possible, the urgency of your schools needs or desires to host this program, from parent, student and teacher requests and perspectives.

LPDA *does not* discriminate against anyone for any reason, especially on the basis of race, skin color, religion, creed, financial status, gender or other class. We uphold a family oriented atmosphere where all are welcome, so long as mutual respect among all parties is upheld at all times.

Disclaimer and Signature

I certify that I am the person who is authorized to complete this form and that my answers are true and complete to the best of my knowledge.

If this application leads to placement of the LPDA After School Performing Arts Program at my school, I understand that false or misleading information in my application or interview may result in our school's release from placement and future consideration.

Signature: _____ Date: _____