



Phone: (202) 244-3669 FAX: (202) 244-4244

Partner High School General Registration Form
2009-2010
DC Metro Area Schools Only

School Name: _____

Teacher Name: _____

Principal Name: _____

Total number of students you teach: _____

School Address: _____

Your email address: _____ School phone number: _____

1. Please list the courses you will teach this academic school year:

2. Please list the names and contact information of other teachers in your school who you think might be interested in this program:

3. What are two things that an outside organization like Choral Arts might be able to provide to your classroom that would enable you to provide an improved learning experience for your students?

4. This year, all concert study guides will be provided electronically through the Choral Arts website. Does this hinder your ability to use the study guides in your classroom? And if so, how?

Please return this form to:
Partner High School Program
5225 Wisconsin Ave, NW Suite 603
Washington, DC 20015

Or fax the form to:
Partner High School Program
202-244-4244