

Partner High School Registration Form
2011-2012 School Year
DC Metro Area Schools Only

School Name: _____

Teacher Name: _____

Principal Name: _____

Total number of students you teach: _____

Would you like to receive printed study guides? YES NO

School Address: _____

Your email address: _____ School phone number: _____

School fax number: _____

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

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

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

4. Have you joined our free Online Learning Community? YES NO
If YES, please tell us what you like best and what you like least about the site.
<https://www.choralarts.org/OnlineEducation/default.aspx>