



Dance Movement aFTER SCHOOL PROGRAM

Please complete the following application and submit it by Mail,
to the following address:

Smitty's Performing Arts Center-Dance Movement
1004 N Diers Ave Suite 260
Grand Island, NE 68803

Name of School:

Elementary, Middle, or High School?

Address of School:

School District:

Principal Name

Principal Phone Number:

Principal Email:

Name of Contact:

Position/Title:

Phone Number:

Email Address:

Why is Dance Movement appropriate for your school?

What other after school programs take place at your school? Mondays:
Tuesdays:
Wednesdays:
Thursdays:
Fridays:
When is the earliest that your school would be able to allow Dance Movement to launch a dance program?
Day:
Month:
Year:

What resources would the school provide to make the Dance Movement Program more successful?
How will your school enlist the help of parents and school staff members to participate in the program?
What grade levels at your school would participate in this program?
How many students are in those grade levels (total # of students)?
What is your schools Academic Performance Index (API) for the most recent reporting year?
Name of Preparer Signature: Date: