Dear Educator,

Thank you for your interest in ABT Educational Programming. In an attempt to provide arts and dance services to New York metropolitan area schools, American Ballet Theatre gives all enrolled NYC public schools the opportunity to receive notifications about educational offerings and professional developments throughout the school year. Upon filling out the attached application, ABT will enter your school into our database which will allow us to keep you informed and up to date on current offerings.

ABT provides yearly opportunities for schools to receive complimentary tickets to both ABTKids: Schools (ABT’s school-time performance series) and the Metropolitan Opera House season through ABT’s Introduction to Dance ticket distribution program, as well as providing educational Study Guide materials to help students get the best possible experience out of the ballets. Enrolled schools will have exclusive access to these programs.

Information regarding ABTKids: Schools and the Introduction to Dance ticket distribution program will be sent to all enrolled schools in the months before offered performances. This program offers schools up to 100 tickets for use by students, their families, and school chaperones during our fall and spring season performing season. (Be sure to visit our ticket distribution structure page on our website for an in-depth breakdown of tier movements and the ticketing requirements to fulfill each level). Please note that filling out the enclosed application and enrolling will not guarantee tickets. Tickets are offered on a first-come, first-served basis in the order to which schools reply to each offer.

Perhaps the greatest benefit of enrolling is the relationship created with ABT for the future. In the event of expansion with current ABT programs, such as our Make a Ballet program and ABT at School, ABT will look exclusively to enrolled schools.

By submitting the application, the school is agreeing to adhere to the guidelines stated on the following page. All Metropolitan area schools are eligible to apply at no cost to the school. Please note that all information must be filled out completely, and failure to provide information will result in the school's request to be denied. We look forward to your participation and hope to see you soon at the ballet.

Sincerely,

Dennis J. Walters
Associate Director of Education and Training
School Enrollment Form

Name of School:_________________________________________________________________

Phone Number:_____________________________ Fax Number:__________________________

Address:________________________________________________________________________
________________________________________________________________________________

Contact Information:__________________________

School Principal:__________________________Principal’s Email:________________________

Primary Contact Name:__________________________

Primary Contact Phone Number:__________________________

Primary Contact Email Address:__________________________

Alternate Contact Email:__________________________

Alternate Contact Phone:__________________________

Your School's Representative:

Several ABT at School residency programs are made possible by the generous support of our representatives at the City and State level. Please help us continue to offer the schools of New York City with quality arts-in-education experiences by providing us with your State and Local representative districts below. If you are not sure of the district numbers, please visit www.congress.org and enter your zip code to uncover your state and national level district numbers and representatives. For City Council Districts, please visit http://council.nyc.gov.

State Senate District Number:__________ State Assembly District Number:_______________

City Council District:__________________________School District:_________________________

1
Demographics:

What grades does your school serve? ____________________________________________

What is the total enrollment of the school? ________________________________

% Male_______ % Female_______

% White_______ % Black_______

% Hispanic_______ % Asian/Other_______

% Free Lunch_______ % Special Education_______

% LEP_______ % Attendance_______

School Dance Program:

Does your school have an existing dance program?
☐ Yes ☐ No

Please describe the existing dance program.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Does your school have the following space(s):

☐ Gymnasium ☐ Cafetorium (stage in cafeteria)

☐ Dance Room ☐ Multi-purpose/Resource Room

☐ Auditorium ______________(approx. dimensions)_______________ (seating capacity)

☐ Dance Room ☐ Art Room

☐ Other___________________
Letter of Understanding for School Enrollment

Responsibilities of School:

• Principal must provide knowledge and support of partnership and assignment of program coordinator who has appropriate time and position to manage program.

• Program Coordinator must provide effective communication between principal, faculty, parents, and ABT.

• Schools agree to utilize all requested tickets. If there are tickets that will not be utilized, the school must let ABT know in a timely manner.

• Schools must provide an adequate number of chaperones during all visits to the ballet.

• Teachers must prepare students for the ballet experience by discussing appropriate behavior and utilizing the ABT Study Guide.

ABT Policies:

• Failure to comply with above responsibilities will result in the school being placed on conditional status.

• A second offense will result in the removal of the school from the ABT enrollment program.

____________________________________  ______________________________________
School Name

____________________________________  ______________________________________
Signature of Principal               Signature of Program Coordinator

____________________________________  ______________________________________
Date                                Date

Please return to:
Amanda Tomera               Or by fax to: (212) 419-4396
American Ballet Theatre       Or by email to: atomera@abt.org
890 Broadway, 3rd floor
New York, NY 10003
An email confirmation will be sent within 48 hours of received request.