

Muse Machine | 2020-2021 Preschool & Elementary Program

Residency ID # _____

Residency Results

Basic Information:			
Muse Artist:		Residency Site:	
Primary Contact:	Email:	Phone:	

Residency Planning Session:							
Date:							
Number of participating classes in each grade:							
Preschool	Kindergarten	1 st	2 nd	3 rd	4 th	5 th	6 th
Curriculum Standards Subject:				Content:			
Additional Notes:							

Residency Information:			
Residency Dates:		Culminating Event Date:	
Total Residency Days:		Total Contact Sessions:	
Residency Type:	<input type="checkbox"/> School Day <input type="checkbox"/> After School <input type="checkbox"/> Summer		
Residency Participation Numbers	Teachers: Students:		
Audience Attendance (estimated)	Daytime Performance- Students/Teachers: Evening Performance- Family/Friends/Community:		

Evaluation Dates:	
Email(s) Sent:	Confirmed Completed Evaluations:

Additional Information:	
Notes:	

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Please complete prior to your residency.

School Information			
School Name:		School District:	
Address:			
City:		State:	Zip:
County:		Phone Number:	
Principal Name:		Principal Email:	
Is this a Title I School? (40% - 100% of school population is eligible for free or reduced-priced lunch):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Socioeconomic Demographics of Student Body:			

Residency Information	
Funding Source(s) of Residency: i.e. PTO, local business, principal discretionary budget, etc.	
School Primary Contact Name:	
Email:	Phone:

Participating Teacher/Class Information:			
Please list each participating teacher, email and grade level below			
	Full Name	Email	Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

If there are more than 15, please list additional participants on back.

Return the completed form to Muse Machine via email, fax or mail.

prekelementary@musemachine.com | 937-461-0321 | 126 N Main St. Ste 310, Dayton, OH 45402

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