

# Part I: *The Best Me* Application

PLEASE RETURN TO: Kaiser Permanente Educational Theatre Programs  
1438 Webster St., Suite 205, Oakland, CA 94612  
PHONE: 877-353-2223 FAX: 510-302-4114

## School Information

School Name _____		School District _____		Date of Application _____	
Address _____		City _____	State _____	Zip Code _____	
School Principal _____		Phone _____	Fax _____	Email _____	
Assemblies Contact/Title _____		Phone _____	Fax _____	Email _____	
Health Coordinator/Nurse/Counselor _____		Phone _____	Facilities Manager _____	Phone _____	

## School Detail Information

<u>Enrollment Numbers</u>
3-5 enrollment: _____
Total school enrollment: _____

<u># Of Classes For Each Grade</u>
3 <sup>rd</sup> _____
4 <sup>th</sup> _____
5 <sup>th</sup> _____

Grades: _____ - _____
School Type: <input type="checkbox"/> Public <input type="checkbox"/> Private
Year Round School: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tracks: <input type="checkbox"/> Single <input type="checkbox"/> Multi

School Starts: \_\_\_\_\_ Breakfast Starts: \_\_\_\_\_ Lunch Starts: \_\_\_\_\_ Afterschool Program Starts: \_\_\_\_\_  
 School Ends: \_\_\_\_\_ Breakfast Ends: \_\_\_\_\_ Lunch Ends: \_\_\_\_\_ Afterschool Program Ends: \_\_\_\_\_

## Performance Space

Type of Room:  Auditorium  Gym  Cafeteria  Multi-purpose Room  Other \_\_\_\_\_  
 Type of Seating:  Chairs  Fixed Seating  Floor  Bleachers  Other \_\_\_\_\_

	Length	Width	Height
Room Size:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Room Seating Capacity: \_\_\_\_\_

## Directions

Freeway Driving Time: \_\_\_\_\_  
Minutes from Freeway: \_\_\_\_\_

• Ground floor access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Outside door for unloading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Loading ramp to performance space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Stairs between loading door and performance space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• # of stairs _____	
• Obstacles to unloading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, please explain _____	

\*Please provide directions to your school. Our troupe will be traveling from downtown Oakland. (Please be specific and use Right and Left when describing turns, rather than North, South, etc.)

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PLEASE ANSWER THE QUESTIONS ON THE BACK OF THIS PAGE

# Part II: *The Best Me* Application

## Background Information for *The Best Me*

After carefully reviewing the materials in this packet, please answer each of the questions.

**1) Why does your school need or want *The Best Me*?**

**2) How will your school ensure the implementation of *The Best Me* and the lasting impact of the program? Who will be responsible for this?**

**3) Describe any nutrition, physical activity, health and wellness, after-school or community development activities that are underway in your school (or that your school is part of). Would *The Best Me* support these activities and if so, in what way?**

Once we receive your application, your school will be placed on the waiting list. The following criteria are used to help us determine which schools are good matches for *The Best Me*: completed application; school need; school capacity (i.e. teacher commitment, parent involvement, etc.); and ability and willingness to coordinate a program with many logistics.