

Part I: *PEACE Signs* Application

PLEASE RETURN TO: Kaiser Permanente Educational Theatre Programs
 1438 Webster St., Suite 205, Oakland, CA 94612 PHONE: 510-987-2223 **PREFERRED FAX: 510-873-5014**

School Information

ID #

School Name _____ School District _____ Date of Application _____

Address _____ City _____ State _____ Zip Code _____

School Principal _____ Phone _____ Fax _____ Email _____

Assemblies Contact/Title _____ Phone _____ Fax _____ Email _____

School Counselor _____ Phone _____ Facilities Manager _____ Phone _____

School Detail Information

Total Enrollment _____ If school is K-5 3-5 Enrollment _____ # of 3-5 Classrooms _____

Grades _____ If school is K-6 3-6 Enrollment _____ # of 3-6 Classrooms _____

School Starts: _____ Breakfast Starts: _____ Lunch Starts: _____

School Ends: _____ Breakfast Ends: _____ Lunch Ends: _____

<u>Year Round School</u>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Tracks</u>	
<input type="checkbox"/> Single	<input type="checkbox"/> Multi
<u>School Type</u>	
<input type="checkbox"/> Public	<input type="checkbox"/> Private

Performance Space

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

Room Size:

Length	Width	Height
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Stage Size:

Length	Width	Height
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Floor to Stage Height: _____

Room Seating Capacity: _____

PLEASE NOTE: We will not perform on a stage but may use the space for storage or seating.

▪ Ground floor access?	Y	N
▪ Outside door for unloading?	Y	N
▪ Loading ramp to performance space?	Y	N
▪ Stairs between loading door and performance space?	Y	N
# of stairs _____		
▪ Obstacles to unloading?	Y	N
If yes, please explain:		

Directions Freeway Driving Time: _____ Minutes from Freeway: _____

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

PLEASE ANSWER THE QUESTIONS ON THE BACK OF THIS PAGE

Part II: *PEACE Signs* Application

Background Information for *PEACE Signs*

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

1) Why does your school need or want *PEACE Signs*?

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

3) Describe any violence prevention, health and wellness, after-school or community development activities that are underway at your school or that your school is part of. Would *PEACE Signs* 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 *PEACE Signs*: complete application; school need; school capacity (teacher commitment, parent involvement, etc.); and ability and willingness to coordinate a program with many logistics.