



DC COMMISSION ON
THE ARTS & HUMANITIES

**DC Commission on the Arts and Humanities
Artist Residency in Schools Program**

Principal Approval Form

Teaching Artist: _____

Art Form: _____

Approximate Begin Date: _____

Approximate End Date: _____

Full name of Participating Teacher(s):

Teacher 1

Teacher 3

Teacher 2

Teacher 4

I have approved the use of _____ (school) for the residency. The artist has shared his/her residency plan and schedule with me and the participating teachers listed above. I have reviewed the residency schedule, and I give my approval for the residency to occur within the approximate dates listed above. I also acknowledge that this program will result in a culminating event which will be collaboratively produced by the teaching artist and participating teachers listed above to demonstrate the content of the art learned.

I understand that the residency may be contingent upon the artist receiving funding from DCCAH. If the schedule changes due to conflicts with the school or teaching artist, both parties will work together to identify a mutually agreeable schedule. This is only a preliminary approval, and therefore not binding.

Principal Signature and Date