

# BPS ARTS TEACHER CONTACT FORM

Please complete form and return by fax to **Gina Quigley, 617-635-9249.**

**Name:** \_\_\_\_\_

**School(s):** \_\_\_\_\_

**Home Street or PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

Circle One:

**Employed by:** BPS/Outside Agency Full-time/Part-time

**Subject:** Music Visual Arts Dance Theatre

**Level:** ELM MS K-8 HS

## EDUCATIONAL BACKGROUND:

**Areas of Certification/Licensure:** \_\_\_\_\_

**Would you host a student teacher?** \_\_\_\_\_

**Would you be interested in presenting a teacher workshop?** \_\_\_\_\_

**If yes, what topics?** \_\_\_\_\_