**Piscataway Middle Schools**

**AESOP Program**

**Shakespeare theatre of nj**

**Conackamack Middle School**

Congratulations on being interested in the Middle School Shakespeare Theatre of NJ Program. **Confirmation of your acceptance into the program is contingent upon receipt of the completed rehearsal contract. Space in the program is limited.**

Workshops will take place on weekday afternoons for ten sessions. Workshops will be held in your school, and they will run from approximately 2:30 PM to 4:00 PM. Late buses will be available for transportation home.

**WORKSHOP SCHEDULE:**

**10/3 (W) 10/4 (Th) 10/5 (F)**

**10/8 (M) 10/9 (T) 10/10 (W) 10/11 (Th)**

**10/15 (M) 10/16 (T) 10/17 (W)**

**Workshop and Performance Information**

Students will work with trained actors on language, acting and performance of Shakespeare’s work. At the end of the sessions, students will present a performance to a select audience.

Please fill out the attached form and return it to your Language Arts teacher by Monday October 1st, 2018. Keep this paper for your information. I am looking forward to an exciting experience! If you have any questions please feel free to contact me.

Robert J. Coleman, Piscataway Township Schools

732-572-2289, ext. 2589 [rcoleman@pway.org](mailto:rcoleman@pway.org)

**Piscataway Middle Schools**

**aesop opportunity**

**SHAKESPEARE THEATRE OF NJ**

**Workshop Contract**

**Due date – Monday October 1st, 2018**

**(Return contract to your language arts teacher)**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print clearly**

Please read the following information and sign at the bottom acknowledging your agreement.

**For the Student**

I will be present at all workshops. I know that I have only one excused absence. Any absence beyond that may result in removal from the workshops.

I will demonstrate exceptional focus and behavior at all workshops and represent my school well.

Behavior that does not reflect the values of this program and my school may result in removal from the group.

I will be prepared for and on time to all workshops.

I will work hard to learn and spend some of my free time practicing and studying the work that we are learning.

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Student Signature Date

**For the Parent**

I have read all of the information. I have gone over this contract and discussed it with my child. **Late buses will be available after each session.**

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Parent Signature Date