

Worth County Schools Partners in Education Partnership Commitment



Company/Organization Name: _____

Contact Person: _____
(Name) (Title)

Mailing Address: _____
(P.O. Box or Street) (City/State/Zip)

Phone: _____ Fax: _____ Email: _____

Type of Business: _____ Website Address: _____

Please select which school(s) this company/organization wishes to partner with or choose Partner-at-Large to partner with all schools:

____ Worth County Primary School

____ Worth County Elementary School

____ Worth County Middle School

____ Worth County High School

____ Partner-at-Large (Serves **all** schools in the Worth County School System)

Partner Contact Signature: _____ Date: _____

School Contact Signature: _____ Date: _____

Please return this completed form to:

Heather Greene
Worth County School System
Director of Public Relations
504 East Price Street
Sylvester, GA 31791
Fax: 229-776-8603

Revised November 2011

My company is able to provide the following resources:

Human Resources:

- Mentors
- Tutors
- Readers
- Guest Speakers
- Career Speakers
- Other (please specify)
- _____
- _____

Donations:

- Supplies
- Student Incentives
- Faculty Incentives
- New/Used Equipment
- School Pride Items
- Landscaping
- Cash/Grants (state purpose)
- _____
- _____
- Other (please specify)
- _____

PARTNERSHIP ACTIVITIES (to be completed collaboratively by community partner and school representative)
 This Plan signifies a commitment to the partnership for a period of two school years. The plan should highlight the most significant activities and should not limit the activities of the partnership. Both parties should be aware that additional needs may arise. Please remember to include activities that the school can do for their partner. Feel free to add or delete bullets as needed.

This plan represents partnership activities for the following school(s):

Recommitment or New Partnership (circle one)

1st Quarter (August-September) Significant Activities
•
2nd Quarter (October-December) Significant Activities
•
3rd Quarter (January-March) Significant Activities
•
4th Quarter (April-May) Significant Activities
•

Business/Organization authorizing individual: _____ Date _____

School authorizing individual: _____ Date _____

Thank you for taking the time to complete this form. All original copies will remain on file in the system coordinator's office. If you are a Partner-At-Large (PAL), a copy of this form will be forwarded to the WCSPiE coordinator in each school.