

Partners in Education . Little Rock School District

APPLICATION FOR PARTNERSHIP ESTABLISHMENT OR RENEWAL

Partner status: ___ Proposal ___ Renewal Date: _____

School: _____ Principal: _____

Organization: _____
(do not use abbreviations unless part of organization's formal name)

CEO / Owner / Lead: _____ Position Title: _____

Mailing Address: _____
P.O. Box or Street City/State ZIP

Phone: _____ Business website: _____

School Partnership Team Members			
Name	Position	E-mail	Phone
<i>optional</i>			

Organization Partnership Team Members			
Name	Position	E-mail	Phone
<i>optional</i>			

Signatures

(Principal)		(Organizational Leader)	
(Date)		(Date)	
(School Team Leader)		(Organization Partner Team Leader)	
(Date)		(Date)	

Each partnership is required to include an outline of activities as agreed upon between the school and organization. The outline should include dates when applicable to services and activities. Attach this completed application with your outline. Contact information and signatures are required for District Superintendent approval.

WORD or PDF DOCUMENTS SHOULD BE SENT TO tamara.blaylock@lrzd.org