

Revised 8/2009
Renew Annually

Leon County Schools Partners for Excellence Program

2757 W. Pensacola Street, Tallahassee, FL 32304
Phone: (850) 487-7800 FAX: (850) 487-7850
Website: www.leonschools.net



School-Community Partnership Agreement

Thank you for joining the PARTNERS for EXCELLENCE Program! School-Community partnerships are agreements between a business, agency or organization and a school or district program to work together ON AN ONGOING BASIS to enhance education. Partnerships may be formed at any time, and generally remain in effect for at least the duration of a school year. Partners should formalize or renew their partnerships **annually** by completing a **new agreement form** updating directory information (Company name, address, phone, CEO, contact person) and outlining the proposed activities and areas of involvement for each new school year.

The information requested below is used to maintain an accurate partner database from year-to-year. This database is primarily used for recognition and communication. If there are changes to your directory information during the school year, please notify the Leon School Volunteer Office at 487-7800 so corrections can be made in a timely manner.

School/Program Information	Name of School/Program _____
	Address _____
	City _____ State _____ Zip _____
	School Partner Coordinator _____ Title _____
	Phone () _____ E-Mail _____

Partner Information (Please attach a business card, if available)	Partner Name _____ (Official Name of Business / Agency / Organization as it should appear on a certificate)
	CEO / President _____
	Mailing Address _____
	City _____ State _____ Zip _____
	Partner Contact _____ Title _____
	Partner Contact Phone () _____ E-Mail _____
	Proposed Projects / Activities effective for the _____ school year include:
	1. _____ 2. _____ 3. _____

By forming this partnership, the above partners agree to work together for the benefit of education and the community-at-large by enriching the curriculum, ensuring the quality of education necessary for economic growth, strengthening the future workforce, and/or increasing support for and confidence in public education throughout the community.

Signature of Partner _____ Date _____

Signature of School/Program Partner _____ Date _____

Distribution: Immediately upon completion, copies of this form should be distributed as follows:
White—Leon School Volunteer Office **Yellow**—Community Partner **Pink**—School/Program