



Revised 07/2013  
Renew Annually

### Leon County Schools Partners for Excellence Program

Bloxham Building - Second Floor, Room 206  
725 South Calhoun Street, Tallahassee, FL 32301  
Phone: (850) 487-7800 ❖ Fax: (850) 487-0443  
Website: www.leonschools.net



## School-Community Partnership Agreement

Thank you for joining the LCS 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. If there are changes to your contact or partner information during the school year, please notify the Leon School Volunteer Office by calling 487-7800 so corrections can be made in a timely manner.

School/Program Information	Name of School/Program <u>Gilchrist Elementary</u>
	Address <u>1301 Timberlane Road</u>
	<u>Tallahassee</u> <u>Florida</u> <u>32312</u> City State Zip
	School Partner Coordinator <u>Hannah Kirsch</u> Title <u>Partner Coordinator</u>
	Phone ( 850 ) <u>487-4310</u> E-Mail <u>kirschhn@leonschools.net</u>

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 _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
	Mailing Address _____ City State Zip
	Partner Contact _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Title _____
	Mailing Address (if different from above) _____ City State Zip
	Contact Phone ( ) _____ E-Mail _____
	Is this a brand NEW partnership? ___ YES ___ NO
	Can we send you updated partner information via your listed email? ___ YES ___ NO
	➔ The proposed Partner Projects & Activities listed below are for the _____ school year.
	<input type="checkbox"/> Teacher Appreciation <input type="checkbox"/> Sponsor Special Events <input type="checkbox"/> Donate Food/Drinks or other items <input type="checkbox"/> Student Recognition <input type="checkbox"/> Support Academic Competitions <input type="checkbox"/> Food /clothing Drives for needy families <input type="checkbox"/> Assist with Printing <input type="checkbox"/> Support Landscaping Projects <input type="checkbox"/> Recruit Mentors for at-risk students
Notes & other ideas: _____ _____	

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 \_\_\_\_\_