



Partners in Education

Partnership Agreement

2019-2020

Thank you for your interest in partnering with Jackson Public Schools. We are appreciative of your support and look forward to working with you and/or your organization. Prior to completing this form, please review the school's District Action Plan for Partnerships. In an effort to appropriately match community resources, each principal has completed this document to highlight their specific needs.

Please note that all Adopters and Specialty Partners must submit an annual plan of proposed activities and an end-of-the-year report detailing actual events to be considered as an active partner.

Campus Contact's Name:

Email:

Organization:

Website Address:

CEO:

Email:

Contact Person's Name:

Title:

Phone:

Email:

Address:

City:

Zip Code:

Please Check the Appropriate Response(s)

Yes! We are committing to support Jackson Public Schools as a (an):

I. Adopter Partner with

School or Program.

The minimum criteria for this partnership include all of the following:

- Interacting through the school year in pursuit of meeting the needs of our scholars.
- Attendance at two coordinators meetings per year by either adopter or adoptee representatives.
- Plan activities in three or more of the following areas in support of Academic Enhancements:
 - (1) Student Incentives/Recognition
 - (2) Career Awareness
 - (3) Character Development
 - (4) Teacher or Adopter Appreciation
 - (5) Community Service
 - (6) School Improvement (miscellaneous donations, beautification projects, etc.)

II. Specialty Partner with

School or Program.

The criteria for this partnership may include either of the following:

An ongoing commitment of resources in one area.

A "one time" contribution of

My signature below indicates my approval of this agreement.

Partner's Signature:

Name (Please Print):

Title:

Campus Contact's Signature:

Name (Please Print):

Title: