

# 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

# My company is able to provide the following resources:

## Human Resources:

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

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## Donations:

- \_\_\_ Supplies
- \_\_\_ Student Incentives
- \_\_\_ Faculty Incentives
- \_\_\_ New/Used Equipment
- \_\_\_ School Pride Items
- \_\_\_ Landscaping
- \_\_\_ Cash/Grants (state purpose)

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\_\_\_ Other (please specify)

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**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)

**1<sup>st</sup> Quarter (August-September) Significant Activities**

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**2<sup>nd</sup> Quarter (October-December) Significant Activities**

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**3<sup>rd</sup> Quarter (January-March) Significant Activities**

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**4<sup>th</sup> Quarter (April-May) Significant Activities**

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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.