



**Escambia County School District  
Partners in Education  
Agreement Form**

**School Name:** \_\_\_\_\_

**Business/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Business Representative Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Estimated number of employees involved:** \_\_\_\_\_

Please indicate what type of support business will supply:

In-Kind Donation

Financial Donation

Volunteering/Mentoring

Sharing of Talents/Skills

The above-named school and business/organization have agreed to participate in the Escambia County School District's Partner in Education Program. The purpose of the partnership is to provide enhanced educational opportunities for Escambia County students. The agreement shall be for the term of one school year and may be reaffirmed for following years.

\_\_\_\_\_  
Business Representative Signature

\_\_\_\_\_  
Principal Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please send a copy of the completed form to the Office of Community Involvement.