



# Partner in Education (PiE) Agreement



Partner Name			School Name		
Type of Organization			Area Superintendent		Phone
Address			Principal		
City	State	Zip	Telephone		
Partner Contact Name			School PiE Champion (if different than Principal)		
Title			Title		
Phone	Fax		School Phone	Fax	
Email Address			Email Address		
Partner Website Address			School Website Address		
<b>Business Size</b> (employees) <input type="checkbox"/> (1-49) <input type="checkbox"/> (100-499) <input type="checkbox"/> (50-99) <input type="checkbox"/> (500+)			<b>Type of Support</b> <input type="checkbox"/> Classroom Speaker <input type="checkbox"/> Art Support <input type="checkbox"/> Books <input type="checkbox"/> Intern Host <input type="checkbox"/> Reading Support <input type="checkbox"/> Events Support <input type="checkbox"/> Student Incentives <input type="checkbox"/> Teacher Recognition <input type="checkbox"/> Technology <input type="checkbox"/> Volunteers <input type="checkbox"/> Math Support <input type="checkbox"/> Field Trips/Transportation <input type="checkbox"/> In-kind (Gifts/Services) <input type="checkbox"/> Financial Donation <input type="checkbox"/> Other _____		

- New Partnership**
- Partnership Renewal**

Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

School Signature \_\_\_\_\_ Date \_\_\_\_\_

Education Alliance Signature \_\_\_\_\_ Date \_\_\_\_\_

This agreement is a non-binding expression of the desire of the school and partner organization to cooperate for the benefit of public education in the Washoe County School District. It is not a legally enforceable agreement and may be terminated by either party at any time, without notice, cause or liability. Individuals associated with the Partner in Education program must comply with WCSD's volunteer policies and procedures based on Principal discretion and may be subject to a criminal background check.

**Please provide a brief description of the reciprocal activities each will provide.**

- **Business/Partner Name:** \_\_\_\_\_

**Considering the number of volunteer hours, financial gifts, and/or in-kind donations to the school, what is the expected value provided to WCSD for this school year \$ \_\_\_\_\_**

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