



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
OFFICE OF COMMUNITY INVOLVEMENT  
**eBusiness Partnership Agreement**

Fiscal Year  
2021-2022

Complete the following agreement, and select "Submit" in the drop down menu and then press "Go."

Business Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_  
 Address (street, city, state, zip) \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**TYPE OF PARTNERSHIP:(Select one)**     Renewal     New

School or Department Name **WELLINGTON LANDINGS MIDDLE**

Industry of Business Engagement **Small Business**

**BUSINESS PROJECT OR ACTIVITY**

What type(s) of partnership support will this partnership provide (check all that apply)

- Increase Academic Achievement - Read to students, tutor, provide technical expertise, display student work
- Enhance the Learning Environment - Mentor students, provide time for employees to volunteer, field trips
- Career Awareness - Offer job shadowing, internships, career fair or career day, career materials
- Take an Advisory Role - Be a member of a School Advisory Council, participate on a curriculum committee
- Faculty or Staff Development - Invite teachers to in-house training seminars, provide job shadowing for teachers
- Donor / Sponsorships - Donate supplies or equipment, scholarships, sponsor events or field trips
- Other \_\_\_\_\_

**RECIPROCAL ACTIVITY**

What type(s) of school mutual activities would you like this partnership to provide (check all that apply)

- Press Release
- Recognition **Website**
- District Marketing Opportunities
- District News **Select One**
- Communication of school events
- Invitations to special school programs
- Assist with company special events
- Free tickets to school events & programs
- Appreciation programs
- Specific feedback regarding impact of partnership on students and school
- Display of recognition fence screen consistent with policy 7.151. (By signing below, the business partner acknowledges receipt of a copy of policy 7.151, represents that he/she has read and understood it and specifically acknowledges and agrees to comply with and governed by all the provisions of Policy 7.151.)
- Other \_\_\_\_\_

Yes  No  I understand that selecting "Yes" to this statement, typing my name below, and pressing Submit that I am the representative of the above business (organization), and do hereby agree to create an educational partnership with the above named school or department which will enhance and improve the quality of education and meet the needs of the students, educators, and community.

Officer or Business Partner Signature \_\_\_\_\_  
 Name of School or Department Liaison **Catherine Cotter**



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Industry of Business Engagement

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Name of School or Department Liaison Catherine Cotter