

DORCHESTER SCHOOL DISTRICT TWO
PARTNERS IN EDUCATION
NEW PARTNER INFORMATION FORM

(TO BE COMPLETED BY ALL NEW PARTNERS)

School Name: _____

Business Partner Liaison: _____

Liaison E-mail: _____ Phone: _____

Business Name: _____

Representative Name & Title: _____

E-mail Address: _____ Phone: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Website: _____

Has an initial planning session been completed? Y / N Date: _____

List partnership goals & activities planned (with dates) for the 2022-2023 school year:

(Please use back of this sheet or attach an additional sheet, if necessary.)

Signed: _____ Business Representative

Signed: _____ School Representative

☐ Business Copy

☐ School Copy