

**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 2019-2020 school year:

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

Signed: \_\_\_\_\_ Business Representative

Signed: \_\_\_\_\_ School Representative

☐ Business Copy

☐ School Copy