



CLAYTON COUNTY PUBLIC SCHOOLS PARTNERS IN EDUCATION PROGRAM

Agreement Form

School Name _____

Partner Name _____

The above have agreed to participate in the Clayton County Public Schools' Partners In Education Program.

Specific Objectives of the Partnership: _____

Role of the Partner: (Specific Functions): _____

Role of the School: (Specific Functions): _____

School/Program

Street Address, City, State, Zip

Telephone No. Fax No.

Name of Principal/Director

Signature Date

PIE Coordinator

Superintendent of Schools

Partner

Street Address, City, State, Zip

Telephone No. Fax No.

Authorized Representative

Signature

Partner Contact Person

Coordinator, Partners In Education Program

Original: Partner
Copy: School
Copy: Central Office