



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

Fiscal Year
16/17

Complete the following agreement. Click the signature box at the bottom to confirm agreement, 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)

☐ Continuing

☐ New

School or Department Name

BAK MIDDLE SCHOOL OF THE ARTS

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)

- | | |
|--|---|
| <input type="checkbox"/> Press Release | <input type="checkbox"/> Recognition on marquee, website, newsletter, Facebook, etc. |
| <input type="checkbox"/> District Marketing Opportunities | <input type="checkbox"/> Assist with company special events |
| <input type="checkbox"/> Communication of school events | <input type="checkbox"/> Invitations to special school programs |
| <input type="checkbox"/> District News | <input type="checkbox"/> Free tickets to school events & programs |
| <input type="checkbox"/> Appreciation programs | <input type="checkbox"/> Specific feedback regarding impact of partnership on students and school |
| <input type="checkbox"/> Display of recognition banner 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 the provisions of paragraphs 2.B. and 2.C.) | |
| <input type="checkbox"/> 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.

Typed Name (represents electronic signature)

Name of School or Department Liaison

Helena Hoogterp, Bak MSOA

How to Attach

PBSD 1570 (Rev 8/1/2016)

ORIGINAL- School Office

COPY-Business Partner