



Iredell - Statesville Schools

Golden Opportunities Partnership Agreement

_____ hereby adopts _____ School and by doing so agrees to become involved in the following manner(s):

In addition to their appreciation for this work benefitting the children of our community _____

School also offers _____ the following benefits as a Golden Opportunities Partner:

The contents of this agreement are subject to the policies of the Iredell-Statesville Schools Board of Education. This agreement will be reviewed annually and may be voided by either party.

About the Partner

Organization Name: _____

Contact Name: _____

Contact Email: _____

Organization Address: _____

Organization Phone: _____

About the School

Primary Contact: _____

Contact Email: _____

School Address: _____

School Phone: _____

Partner Signature

Date

Principal Signature

Date

District Partnership Coordinator

Date

Upon completion, send entire document (all three copies) to the district partnership coordinator for approval. Copies will be returned to the school and to the partner.