



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
OFFICE OF COMMUNITY INVOLVEMENT

Fiscal Year  
2019-2020 ▼

## eBusiness Partnership Agreement

Complete the following agreement, and 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)**

☐ Renewal ☐ New

School or Department Name

Watson B. Duncan Middle School ▼

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 _____ ▼  |
| <input type="checkbox"/> District Marketing Opportunities   | <input type="checkbox"/> District News _____ ▼  |
| <input type="checkbox"/> Communication of school events   | <input type="checkbox"/> Invitations to special school programs                                   |
| <input type="checkbox"/> Assist with company special events   | <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 fence screen 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 comply with and governed by all the provisions of Policy 7.151.) |   |
| <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.

Officer or Business Partner Signature

Mary Raiford, Asst. Principal W.B.Duncan

Name of School or Department Liaison

*If the originator is not the principal, once completed route to principal for signature*

Signature of Principal or Department Head

**How to Attach**

PBSD 1570Internal (Rev 11/2/2017) ORIGINAL- School Office COPY-Business Partner