



**Cunningham Creek Elementary PTO**  
**1205 Roberts Road, Saint Johns FL 32259**  
**Phone: (904) 547-7860 Fax: (904) 547-7854**

## **Annual School/PTO – Community Partnership Agreement**

*Dear Partner,*

*Thank you for your willingness to participate in the Business in Education Program. School-Community partnerships are agreements between a business, agency, or organization and a school or the district to work together for the purpose of enhancing education. Partnerships may be formed at any time, and should remain in effect for the duration of a school year. Partners should formalize or renew their partnerships annually by completing a new Partnership Agreement Form outlining proposed activities for each new school year.*

*In order to maintain an accurate partner database from year to year, it is important that you provide the information requested below. If you have any questions or have any changes to this information during the school year (address, phone, contact person, etc.) please notify CCE PTO at [CunninghamCreekPTO@Gmail.com](mailto:CunninghamCreekPTO@Gmail.com).*

### **SCHOOL/PROGRAM INFORMATION**

Name of School/Program \_\_\_\_\_

Cunningham Creek Elementary School

Address 1205 Roberts Rd

St. Johns Zip 32259 School Partner Coordinator \_\_\_\_\_

Phone \_\_\_\_\_

### **PARTNER INFORMATION**

Name of Business/Agency/Organization \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Partner Contact \_\_\_\_\_

Phone \_\_\_\_\_

☐ **Gold: \$1000+**    ☐ **Silver: \$750**    ☐ **Bronze: \$500**    ☐ **Friends of CCE: \$250**

### **Proposed Projects/Activities or In-Kind Donations:**

*The Community Partner and School Partner shown above do hereby agree to form a School-Community Partnership and to work together for the benefit of education and the community-at-large by enriching the curriculum, ensuring the quality of education necessary for economic growth, strengthening the future workforce and/or increasing support for and confidence in public education throughout the community.*

This partnership agreement shall be effective for the **2019-2020** school year.

\_\_\_\_\_  
Signature of Community Partner

\_\_\_\_\_  
Signature of School/Program Partner Coordinator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

