

Information Sheet for Memorandum of Understanding (MOU)

Company's name: _____ # _____ Date: _____

Contact Person(s): _____

E-mail Address _____ (to receive District newsletter)

Title: _____

Telephone: _____ Fax: _____

Address: _____ Zip: _____

YES, our business/organization **would** like to join your Partners In Education program.

_____ School(s) preferred
 _____ All School(s)

Please the following instructional/classroom/administration assistance

- _____ Provide a tour for a school field trip to your business/organization for students or parents to observe the internal operations.
- _____ Participate in a specific school activities and programs
- _____ Provide a presentation for _____ school PIE Sharing Success (Career Day for students)
- _____ Provide incentives for students or parents
- _____ Make a contribution for special needs or playground equipment
- _____ Provide financial assistance for a program, activity, or incentives
- _____ Provide judges for the science fair or other events
- _____ Provide display space for student art work at our place of business
- _____ Sponsor a contest for commercial arts
- _____ Provide mentoring assistance
- _____ Provide a school plaque for Teacher of the Year or someone being honored
- _____ Sponsor an ad in the school publication
- _____ Provide refreshments for faculty staff on Parent Conference Day
- _____ Provide fundraising efforts with PTA's, Booster Clubs, School Nights, etc.
- _____ Programs will be developed to work with EPISD students
- _____ Other _____

Unlimited possibilities...

Type of Business: ___Prof. ___Gov't. ___Fast Food ___Civic ___Retail ___Misc.

Campus use only: School: _____
 Contact: _____ Telephone: _____

District use only: MOU__ System__ Sch. List__ Sch. Copy__ PIE Copy__

FAX TO: Community & Governmental Relations @ 887-5887.