



Community Planning and Partnerships
Application of Interest for Partnerships in Existing Facilities

Applicant Name: _____

Organization: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Describe your day to day operations that you are proposing for this partnership:

How will a partnership between the Board and your organization provide a benefit to the students at the school, or to the Board?

Which school are you interested in? _____

What are your space requirements? Number of classrooms; square footage: _____

How many parking spaces would you require to operate? _____

