



Fruit Cove Middle School Partner in Learning Sign Up Form

Name _____ Title _____
Company _____
Address _____
_____ City _____
_____ State _____ Zip _____
Phone _____ E-mail _____
_____ Company Website URL _____
Total Amount _____ Payment Type _____

Yes! I would like to support Fruit Cove Middle School by becoming a Partner in Learning at the following level:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Blue Angel Flyer
\$2,000 | <input type="checkbox"/> Thunderbird Flyer
\$1,250 | <input type="checkbox"/> Top Gun Flyer
\$500 | <input type="checkbox"/> Basic Flyer
\$250 |
|--|---|---|---|

Please write a brief description of what your business offers. (Goods, services, etc.)

If you would like to exhibit at an A la Carte School Event, please check:

- ☐ Table at two (2) Orientation Days (2-3 hours per day) - \$400 (limited to 10 businesses)
- ☐ Table at Back to School Night (2-3 hours) - \$150 (Limited to 10 businesses)
- ☐ Table or Business Flyers at Book Fair #1(2-3 hours - attended by students) - \$50 (limited to 2 businesses)
- ☐ Table at Book Fair #2 (2-3 hours - attended by students and parents) - \$50 (limited to 2 businesses)
- ☐ Table at School Sport Events (TBD) - \$50 (limited to 2 businesses)
- ☐ Table at Band and chorus and musical performances (TBD) - \$50
- ☐ Table at 6th Grade Parents Orientation (approx. 200 parents) - \$100 (limited to 2 businesses)

If you would like to sponsor an event, please check:

- ☐ Welcome Back meal for staff and teachers - \$400
- ☐ 8th Grade Dance - \$400
- ☐ 8th Grade Fun Day - \$400
- ☐ Donut Day - \$400
- ☐ Rising 6th Grade Ice Cream treat - \$400
- ☐ Web Leaders t-shirts - \$400
- ☐ End of Year Teacher/Staff/Volunteer thank you breakfast - \$400

Is there anything your business would like to donate to the school (i.e. school supplies, food, teacher gifts, vouchers, gift certificates, etc.)

Please initial before each item below to confirm completion:

- ☐ My sponsorship check is enclosed, made payable to FCMS PTO
☐ I will email all necessary electronic files
☐ My County Business Partner Form is enclosed

Please send form and payment to: Fruit Cove Middle School PTO, Attn: Partners in Learning 3180 Race Track Road, St. Johns FL 32259. Upon completion of this form, please email your high-resolution business logo, JPG, PNG, or EPS format to: fcmsptopartners@gmail.com. For more information call Stephanie MacAvoy at (631) 504-1397. Thank you for supporting our school!

**St. Johns County School District 40 Orange Street, St. Augustine, FL
32084 Phone: (904) 547-3945 Fax: (904) 547-3956
Annual School – 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 the St. Johns County School District volunteer office at 547-3945.

SCHOOL/PROGRAM INFORMATION PARTNER INFORMATION

Name of School/Program	Name of Business/Agency/Organization
Address _____	Address _____
Zip _____	Zip _____
School Partner Coordinator _____	CEO/President _____
Phone _____	Partner Contact _____
	Phone _____

Proposed Projects/Activities:

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.

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Signature of Community Partner	
<hr/>	
Title	Date

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Signature of School/Program Partner Coordinator	
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Title	Date