

**SCHOOL DISTRICT OF
HILLSBOROUGH COUNTY, FLORIDA
EDUCATIONAL BUSINESS PARTNERSHIP AGREEMENT FORM
2012 - 2013**

Name of School

Name of Business/Organization

Contact Person

Contact Person

School Address

Business Address

City, State, Zip Code

City, State, Zip Code

Telephone

Telephone

Signature of Authorized Representative of School

Signature of Authorized Representative of Business

I. Partnership Purpose and Goals:

II. Resource Needed

Purpose and Timeline

Partnership

II. Benefits to the Partners

- School

- Business

Business Representative agrees to participate on School Improvement Team.
_____ **Yes** _____ **No**

Success of Partnership to be reviewed _____, 20_____