Alberta International School Partnership Program

Application for Alberta Schools

1. **Contact information**

Name of School:

Address:

Postal Code:

Telephone Number:

Facsimile Number:

Web address:

Name of Principal:

Name of school contact person (if not the Principal):

Email address:

Telephone Number (if not the school’s telephone number):

1. **School Information**

|  |  |  |
| --- | --- | --- |
| GRADES | NO. OF STUDENTS | NO. OF TEACHERS |
| ECS |  |  |
| 1-3 |  |  |
| 4-6 |  |  |
| 7-9 |  |  |
| 10-12 |  |  |
| Other |  |  |
| TOTAL |  |  |

Please describe your school and its community below. This information will be passed on to potential partner schools. You may attach an additional page, if necessary.

|  |
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|  |



Page 1 of 2

1. **Exchange Interests**

Preferred country of partner school:

Do any staff members at your school speak the language of this country?

Are there people in the community who could assist with communication with the partner school? If so, who?

Please outline below any special interests or goals that you have for the international school partnership (i.e. curricular area of focus, student or teacher exchanges) and if you have specific requirements for a partner school (i.e. access to specific technologies). You may attach an additional page, if necessary.

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|  |

1. **Commitments and Approvals**

I/we affirm that this school has a genuine interest in developing an international school partnership and has an understanding of the commitment such an arrangement would entail.

School contact signature Date

Principal signature Date

**Name of School Jurisdiction**

On behalf of the above named school jurisdiction, I support this school in its endeavor to form and maintain an international school partnership.

Name Title

Signature Date

Email address:


Page 2 of 2