

Alberta International School Partnership Program

Application to partner with an international school

I. Contact information

Name of School	
Address	
Postal Code	
Telephone Number (include area code)	
Facsimile Number	
School website	
Name of Principal	
Name of Principal	
Name of School Contact	
(if not principal)	
Email Address	
Telephone number	
(if different from school telephone number)	

II. School Information

Grades	Number of Students	Number of Teachers
Early Childhood Services (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 potentia	۱ſ
partner schools. You may attach an additional page, if necessary.	
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III. Exchange Interests

Email address

Preferred cou	untry of partner school:				
Do any staff	members at your school	speak the language	in this country?	No	Yes
Are there peowho?	ople in the community w	tho could assist with	communication witl	h the partner school? If so,	
focus, student o	pelow any special interests or for teacher exchanges) and if y you may attach an addition pa	you have specific require		partnership (i.e. curricular area lool (i.e. access to specific	of
IV. Commit	ments and Approvals				
	nat this school has a gen estanding of the commitr			nal school partnership and	
School cont	act signature		Date		_
Principal sig	gnature		Date		
Name of Sch	nool Jurisdiction				
	the above named school international school part	•	rt this school in its e	endeavor to form and	
Name			Title		
Signature			Date		_