



PARTNER SCHOOL APPLICATION

Name of Elementary School: _____

County/District: _____

Name of Applicant: _____ Date _____

Principal's Signature: _____

Phone: _____ E-Mail: _____

Applications will not be considered without the Principal's signature. Title I Elementary Schools only. Send applications to fefehandy@ptmgl.com.

Description of the Program and School Benefits:

- Participation in the Page Turners' in-school book club
- Book donations
- *Read-a-Thon and/or Author's Visit
- Professional Learning: Page Turners' Book Club Workshop incl. resources
- Teacher Leader Mentor/Support
- *Other page turning perks will be announced if your school is selected!*

We are refining our program model this year. As a result, we will have book clubs at specific grade levels in partner schools. We can serve a maximum of 4 classrooms on a grade level or a minimum of 2 classrooms.

Please rank your grade level preference from 1- 3. (1 = first preference)

3rd grade _____

4th grade _____

5th grade _____

If your school is selected as a partner school, we will inform you of the grade level designation for your school.

Please place initials beside each statement. I AGREE to:

- _____ fully comply with the program model and protocol;
- _____ attend PTMGL's orientation and debrief sessions (August and May);
- _____ provide STAR¹ data at the beginning and mid-year (August and January);
- _____ implement and submit an online student survey (January);
- _____ check in with my assigned PTMGL Teacher Leader Mentor; and

¹ Data without students' personal information.

*Schools are selected by the company/corporation sponsor. Read-a-thons and author's visits benefit the whole school.

_____ have a social media presence and provide periodic updates with photos and videos tagging @PTMGL (via Twitter);

Partner School Fee:

The partner school fee is \$2,500. It remains our primary goal to support all schools who request our programs; however, it is impracticable without funding partnership. We are confident that the benefit will be far greater than the investment.

Funding Available? Yes _____ No _____

What kind of funding will be used to support the partner school fee?

Title Funds _____ Donations _____ Other _____

In the space provided, briefly explain why your school should be selected as a *Partner School*.

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