



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DADE PARTNER REGISTRATION**

Date Partnership began: ___/___/___
Work Location: _____
DP Liaison: _____
DP Liaison E-mail: _____@dadeschools.net

Name of Business/Organization: _____
Address/Suite: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____
Office Phone: (____) _____ - _____ Cell: (____) _____ - _____
Business Liaison: (Dr., Mr., Ms.) _____
Business Liaison's email: _____
Job Title: _____

• **Type of Organization/Industry:**

- | | |
|----------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture, Food & Natural Resources | <input type="checkbox"/> Hospitality & Tourism |
| <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Arts, A/V Technology & Communications | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Business Mgmt. & Administration | <input type="checkbox"/> Law, Public Safety, Corrections & Security |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Government & Public Administration | <input type="checkbox"/> Science Technology, Engineering & Math |
| <input type="checkbox"/> Health Science | <input type="checkbox"/> Transportation |

• **Size of Business:**

Small (1 – 49 employees) Medium (50 – 499 employees) Large (500 or more employees)

• **Partnership Activities:**

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Adopt – A – Classroom | <input type="checkbox"/> Mentoring/Tutoring |
| <input type="checkbox"/> Career-Related Activities | <input type="checkbox"/> Principal TODAY |
| <input type="checkbox"/> Club or Athletic Team Sponsor | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Support Professional Development |
| <input type="checkbox"/> Employability Training for Students | <input type="checkbox"/> Support "The Parent Academy" |
| <input type="checkbox"/> Incentives | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Internships for Students | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Job Shadowing | <input type="checkbox"/> Other: _____ |

• **Value of Contribution:**

Monetary \$ _____ In-Kind\$ _____ # of Volunteer Hours _____

• **Partnership Summary Notes:**

This form registers your organization as a business partner with The School Board of Miami-Dade County, Florida and the information may be shared with other agencies/foundations in order to obtain grants and /or special resources for the district and is subject to Florida's Public Records Law, Chapter 119.

For assistance, please contact the Office of Community Engagement at (305) 995-3050
DadePartners@dadeschools.net