

JULINGTON CREEK ELEMENTARY PTO PARTNERS IN EDUCATION PROGRAM

2023 - 2024

**LEGENDARY
(\$2500)**

**ULTIMATE
(\$1500)**

**ROARING
(\$700)**

**CLASSIC
(\$500)**

BENEFITS

3' x 6' banner placed on the school fence



Social media posts per school year

8

6

3

1

E-flyer distribution via PeachJar to entire school

4

2

1

Company name/logo on PTO website



Link to company site on PTO website



Advertisement in school yearbook



Business partner spotlight in monthly PTO newsletter



Speaker opportunities at PTO meetings



*all content/scheduling must be approved by principal and PTO

Invitation to all appreciation events (To be determined)



Advertisement to be placed on carpool signs *Deadline for payment is 7/24



\$250
Add-On

\$250
Add-On

WHERE DOES YOUR FINANCIAL SUPPORT GO?

OUR CHILDREN

Planners
Software Licenses
Spirit Stick Incentives
Literacy Week
Scholarship Fund
Field Trip Buses

\$17,000

OUR TEACHERS

Teacher & Staff
Appropriations
Continuing Education
Teacher Appreciation

\$22,000

OUR SCHOOL

Technology Updates
Playground Equipment
Art & STEM Supplies
Special Events

\$35,000

JULINGTON CREEK ELEMENTARY PTO PARTNERS IN EDUCATION PROGRAM

Julington Creek Elementary PTO has 501(c)(3) status and would welcome your tax-deductible contributions to help support our children, teachers and school.

FILL OUT THE FORM BELOW AND SUBMIT WITH YOUR CHECK

Business Name: _____

Contact Name: _____

Phone #: _____ Email: _____

Address: _____

Company Website: _____

Please write a brief description of what your business offers (goods, services, etc.):

Partnership Level:

**LEGENDARY
(\$2500)**

**ULTIMATE
(\$1500)**

**ROARING
(\$700)**

**CLASSIC
(\$500)**

PLEASE INITIAL BEFORE EACH ITEM BELOW TO CONFIRM

_____ My sponsorship check is enclosed, made payable to **JCE PTO**

_____ Email high resolution vector or jpeg file of business logo for banner, newsletter, & social media to jceptopartnership@gmail.com

_____ Signed 'County Business Partner form' is enclosed

_____ I or a representative from my company have completed the school access form for JCE at <https://www.stjohns.k12.fl.us/volunteer/>

**PLEASE MAIL FORMS AND PAYMENT
TO:**

JULINGTON CREEK ELEMENTARY PTO
ATTN: COMMUNITY PARTNERSHIPS
2316 RACE TRACK ROAD
ST. JOHNS, FL 32259

EMAIL QUESTIONS TO: jceptopartnership@gmail.com

St. Johns County School District
40 Orange Street, St. Augustine, FL 32084
Phone: (904) 547-3945 Fax: (904) 547-3956

Annual School – Community Partnership Agreement

Dear Partner,

Thank you for your willingness to participate in the Business in Education Program. School-Community partnerships are agreements between a business, agency, or organization and a school or the district to work together for the purpose of enhancing education. Partnerships may be formed at any time, and should remain in effect for the duration of a school year. Partners should formalize or renew their partnerships annually by completing a new Partnership Agreement Form outlining proposed activities for each new school year.

In order to maintain an accurate partner database from year to year, it is important that you provide the information requested below. If you have any questions or have any changes to this information during the school year (address, phone, contact person, etc.) please notify the St. Johns County School District volunteer office at 547-3945.

SCHOOL/PROGRAM INFORMATION

Name of School/Program _____

Address _____

Zip _____

School Partner Coordinator _____

Phone _____

PARTNER INFORMATION

Name of Business/Agency/Organization _____

Address _____

Zip _____

CEO/President _____

Partner Contact _____

Phone _____

Email _____

Proposed Projects/Activities:

The Community Partner and School Partner shown above do hereby agree to form a School-Community Partnership and to work together for the benefit of education and the community-at-large by enriching the curriculum, ensuring the quality of education necessary for economic growth, strengthening the future workforce and/or increasing support for and confidence in public education throughout the community.

This partnership agreement shall be effective for the _____ school year

Signature of Community Partner

Signature of School/Program Partner Coordinator

Title

Date

Title

Date