



IREDELL-STATESVILLE SCHOOLS
FACILITIES & USE
PARTNERSHIP QUESTIONNAIRE

This form **MUST** be returned
with any Partner facility use
agreement request.

School _____

Group Name to use Facility _____

Address _____

Contact Person and Phone Number _____

Please fill out the following questionnaire concerning above referenced group and their relationship with your facility.

Check all that apply:

- Helps with tutoring students
- Mentors students
- Helps with Open House
- Donates clothes to school
- Volunteers at school on regular basis
- Provides lunch for staff _____ times a school year
- Provides treats for staff on special occasions, i.e. National Education Week
- Proctors during EOG's or any testing time
- Handles lunch duties so teachers can have duty free lunch
- Other- Please give details: _____

Signature
Principal or designee

Printed Name

Date