

**Winston-Salem/Forsyth County Schools**  
**SYSTEMWIDE PARTNER IN EDUCATION**  
***REGISTRATION FORM***

**Name of Partner** \_\_\_\_\_

**Partner Contact Person** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Focus of Partnership**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Planned Activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return to Rodessa Mitchell**  
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