

EXPRESSION OF INTEREST

FRIENDSHIP SCHOOL PROGRAM

1. School Name: _____
2. School Address: _____

3. Telephone No: _____ Fax No: _____
Email address: _____ Mobile: _____
4. Name of Principal: _____
5. Name of Contact Person: _____
6. Description of school (eg primary/secondary, number of students & teachers, subjects taught – this will assist the Department to match your school with our school). Please attach additional information if required.

7. What does your school hope to achieve from a friendship school relationship.

8. What activities does your school propose to undertake to implement the program?

9. What financial and other resources is the school prepared to commit to this program?

Please complete this form and return it to:

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