



***KAPOW Partnership
Information Sheet
For School Year _____***

BUSINESS PARTNER: _____

Employer Address _____

Volunteer Coordinator Name _____ **Title** _____

Tel: _____ **FAX** _____ **email** _____

Number of Volunteers _____ **Number of Alternates** _____

SCHOOL NAME _____

School Address _____

Principal/Contact Name _____

Tel: _____ **FAX** _____ **email** _____

Grades Participating & Number of Classes for each:

_____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th

Combined KAPOW classes _____ 1 & 2 _____ 2 & 3 _____ 3 & 4 _____ 4 & 5 _____ 5 & 6

Number of teachers participating _____ **Total Number of children in KAPOW classes** _____

Students on free/reduced lunch: _____%

Ethnic Breakdown:

_____ % White, _____ % Afro Amer. _____ % Hispanic _____ % other