



Partners in Education

SISD Employee Perks Application

1. *Community Partner Contact Information* (To be completed by Community Partner)

Adopt-A-School Partner—Campus _____ *SISD Partner*

Business or Organization Name	
Partner Contact Name	
Job Title	
Business Physical Address	
Business Regular Days/Hours	
Phone/Fax	
Email	
Web site Address	

1. Have you completed a Partnership Plan with your Campus or Partners in Education?
2. What offer/incentive/discount would you like to offer to SISD employees? Please include any limitations, etc.
3. Do you want to submit a PDF of your offer or submit text to be included on website?
 PDF *Text* (See PERKS guidelines for specific information.)
 Please submit a digital copy to jmitchell@shermanisd.net and attach a hardcopy with form.

Employee Perks Guidelines

- Business must have a store or physical location of business.
- Advertisements must provide a discount or special offer to district employees. Participation will not be permitted without a special offer to district employees.
- The types, values and/or amounts are at the discretion of the business.
 - Suggested Discounts include:
 - 10%, 20%, 25% off or Buy one-get-one-free offers
- All discounts must be honored for one full year. (August 1st - July 30th)
- Changes to the discounts will not be allowed during the year.
- Sherman ISD employees must present their employee badge to the business to receive any and all offers. Clipped coupons will not be posted on the SISD website, information from each participating business, including discount/offer will be listed.
- All discounts/postings/advertisements must be submitted to the SISD Partners in Education and receive final approval prior to being effective.

- Flyers, advertisements or other promotional material will not be allowed to be distributed through schools to students or employees. All information must be sent to the Sherman ISD Partners in Education who will disseminate the information appropriately through existing channels.
- Final decisions, approvals and/or rejections are at the sole discretion of Sherman ISD.

I understand the Sherman ISD Partners in Education Perks program guidelines outlined above and agree to abide by them.

Business Representative—Please Print

Signature

Business

Date

Date Received: Action: Notes:	(For SISD use only) Reviewed: Follow up:
Please complete and fax or email to: Partners in Education 903.891.6407 or jmitchell@shermanisd.net	

