



2012-2013 SCHOOL INTENT FORM

The Diversity Awareness Partnership would like to thank you for your participation in the Give Respect, Get Respect Program youth diversity program. Exposing youth to diversity issues is critical in their development and transition from school to workplace. **Please fax your completed form to 314-621-9232.**

1) Does your school plan to participate in the 2012-2013 Give Respect, Get Respect Program?

YES, my school (insert school name)_____ **WILL PARTICIPATE** in the 2012-2013 GIVE RESPECT, GET RESPECT PROGRAM

NO, my school (insert school name)_____ **DOES NOT PLAN TO PARTICIPATE** in the 2012-2013 GIVE RESPECT PROGRAM.

2) What is the name of the teacher who will participate in the 2012-2013 Program?

- I know the teacher's name, and it is _____
- I don't know the teachers name yet, but will get in touch with DAP as soon as I find out.

3) PLEASE PRINT CLEARLY: (only for participating schools)

School Address_____

City_____ State_____ Zip_____

Name of Principal_____

Principal Email Address_____

Your Email Address **or** 2012-2013 Teachers Email Address_____

Teacher/Advisor's School Telephone Number_____

Teacher/Advisor's School Fax Number_____

4) TEACHER/ADVISOR SUMMER CONTACT INFORMATION

(Please complete even if same as above)

Summer Phone Number_____

Summer Email Address_____

Summer Fax Number_____