

# CERTIFIED SCHOOL OF KINDNESS APPLICATION FORM

## School Information:

School Name: \_\_\_\_\_  
School District: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_  
Principal's Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_

## School Liaison:

This is the person who will be heading up the kindness initiative and will be the point of contact with our organization

Full Name \_\_\_\_\_  
Title/Position \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## School Background:

Number of Staff: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Grades Covered: \_\_\_\_\_

What are the key challenges your school currently faces? (e.g., academic, social, economic)

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Has your school implemented any community service or kindness programs in the past?

- Yes  
 No

If yes, please describe the program and its outcomes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your school have social media?

- Yes  
 No

If yes, who oversees it? Full Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Does your school have a leadership club(s)?

Yes

No

If yes, what is the club called? \_\_\_\_\_

Who oversees it? \_\_\_\_\_

How long has it been a club at your school? \_\_\_\_\_

Does your school have a PTA/PTSA?

Yes

No

If yes, who is the President? Full Name \_\_\_\_\_


Phone \_\_\_\_\_ Email \_\_\_\_\_

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### Plans and Goals:

With the help of this document, which kindness initiatives are you planning on implementing at your school? (min. of six)  
Please describe how you will execute each on in detail. **Reminder that you are not bound to these ideas and encourage you to come up with new and creative ways to incentivize kindness at your school.**

#### Kindness Ideas.docx

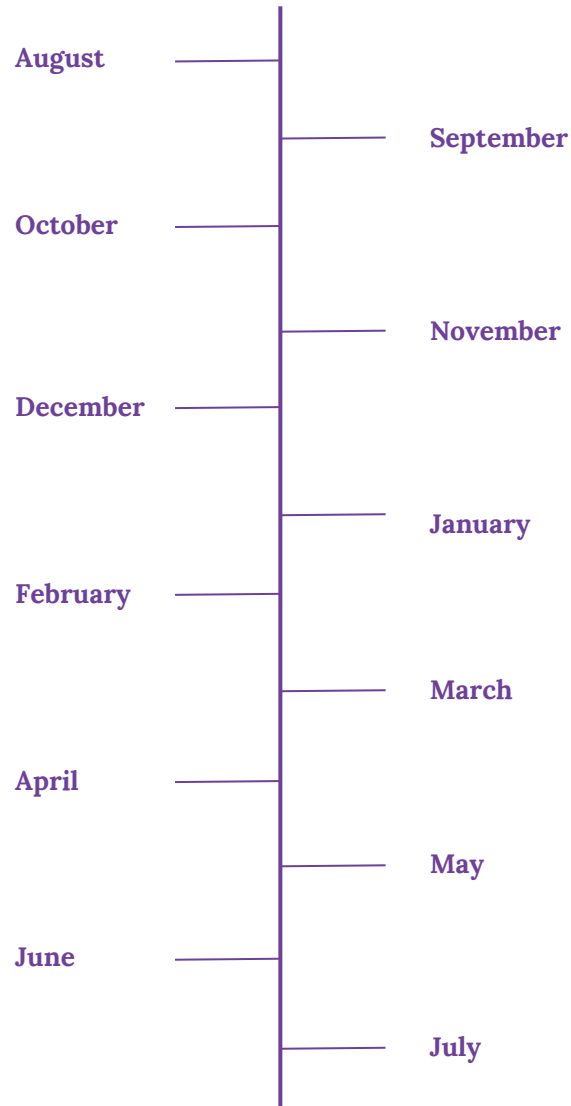
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## Timeline:

To help you get a head start on the planning process and get your plans lined out, please fill out this timeline. Include the following important dates:

- Kindness Initiative Start Date
- Date for Teacher Kick-off
- Date for Student Assembly
- Last Day of Kindness Initiative
- Certification Review Date
- Certification Assembly Date

### 2026-2027 School Year



Please provide any additional information or comments as needed:

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## Authorization and Signature:

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date