

SCHOOL 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)

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 _____

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

Kindness Ideas.docx

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

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

2025-2026 School Year

A circular diagram showing the months of the year arranged in a circle. The months are: August, September, October, November, December, January, February, March, April, May, June, and July. Each month is represented by a colored segment and a corresponding label.

Please provide any additional information or comments as needed:

Authorization and Signature:

Principal's Signature

Date

