

SCHOOL APPLICATION FORM

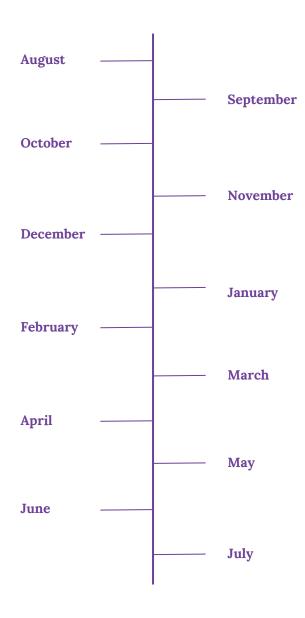
| Does | your school have a leadership club(s)? |
|---------------|---|
| ☐ Y | |
| If yes | , what is the club called? |
| Who | oversees it? |
| HOW | long has it been a club at your school? |
| Does | your school have a PTA/PTSA? |
| ☐ Y | |
| If yes | , who is the President? Full Name |
| Phon | ne Email |
| | |
| With Pleas | as and Goals: the help of this document, which kindness initiatives are you planning on implementing at your school? (min. of six) se describe how you will execute each on in detail |
| Kind | Iness 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

2025-2026 School Year



| Please provide any additional information or comments as needed: | | |
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| | | |

Authorization and Signature:

Principal's Signature

Date