



SisterCities
INTERNATIONAL
Connect globally. Thrive locally.

SISTER SCHOOL SURVEY

SCHOOL INFORMATION

School Name _____

Physical Address _____

Postal Address _____

City/Town _____ County _____

Country _____ Zip/Post Code _____

Telephone # _____ Email Address _____

School District/Authority _____

School Type High _____ Middle _____ Elementary _____ Primary _____ Private _____

Boarding _____ Other _____

Chief School Officer _____

Number of Faculty/Staff _____

Faculty/Staff responsible for Sister School coordination _____

Position/Role in school _____

Total Number of Students _____ Male _____ Female _____

Please indicate social/ethnic background of school and pupils (Example: Occupations of parents, home life-style or any other special circumstances that are relevant)

School Support Organizations: (Examples: PTA, Band Boosters, Athletic Clubs, and Chamber of Commerce. Please include names of responsible persons)

Business Partnerships: (Please describe the partnership activities)

LOCALITY

Please Check Appropriate Box(s)

City___Town___Urban___Rural___Commercial___Industrial___Agricultural___

Is your town or city a member of Sister Cities International? Yes___ No___

Does your city have sister cities? Yes___ No___

If yes, names and locations of the Sister Cities:

Does your school have other Sister Schools? Yes___ No___

If yes, please list the names and locations of Sister Schools:

Please Indicate the Nearest:

Airport: _____

Train Station _____

Commercial Bus Service _____

Large Town or City _____

Please give details of cultural, historical, or geographical interest in your area:

COUNTRY REQUESTED (US Cities Only)

First Country Choice _____

Partnership Coordinator Language Proficient? Yes _____ No _____

Second Country Choice _____

Partnership Coordinator Language Proficient? Yes _____ No _____

TECHNOLOGICAL CAPABILITIES

What technical resources do your teachers and students have to assist them with Sister School communication and projects?

LANGUAGE (International School Only)

The primary language of our school is _____

We would prefer the primary language of our relationship to be

The coordinator of the partnership for our school can communicate in English

Yes _____ No _____

The students in our school can communicate in English? Yes _____ No _____

SIGNATURES

Date _____ Chief School Officer _____

Date _____ Sister School Coordinator _____

Submit to Sister Cities International – info@sistercities.org or

Mail to:

Sister Cities International
915 15th Street NW, 4th Floor
Washington, DC 20005