



Please e-mail, mail, or fax to:
Sister Cities of Louisville
 224 S. Second St.
 Louisville, KY 40203
 Tel: (502) 574.3397
 Fax: (502) 574.2668
 sclou@sclou.org
 www.sclou.org

REQUEST FOR A SISTER SCHOOL

Name of Your School: _____

Level of School: Elementary (ages 5-11) Middle (ages 11-14) High (ages 14-18)

Size of your School: <100 100 – 300 300 – 500 > 500

Would you like to be paired with a: classroom school

Desired Country/Region for Sister School: Jiujiang, China La Plata, Argentina

Leeds, United Kingdom Mainz, Germany Montpellier, France

Quito, Ecuador Perm, Russia Tamale, Ghana

Desired Language(s): English French Spanish Russian Chinese

German Other _____

Is your school connected to the Internet? Yes No

Will you consider partnering with a school that is not connected to the Internet? Yes No

What kinds of sister school activities might you want to engage in with your sister school?

Pen Pals/ e-Pals	Video- conferencing	Teacher or Student Exchanges	Collaborative Lessons	Leadership Building	Arts & Culture	Fundraising Drives	Community Service
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Contact Information:

Name: _____ Title: _____

School: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____

Fax: _____

E-mail: _____ School Website: _____

Please note that by submitting this form you are agreeing to have the information presented herein posted on our website, provided to interested parties, and linked to other websites.