

School Partnership Confirmation

Date: [Insert Date]

[Your School Name]

[Your School Address]

[City, State, Zip Code]

[Partner School Name]

[Partner School Address]

[City, State, Zip Code]

Dear [Partner School Representative's Name],

We are pleased to confirm our partnership between [Your School Name] and [Partner School Name]. This collaboration aims to enhance our students' learning experiences, achieve shared goals, and promote educational excellence.

We look forward to working together on various initiatives, including joint programs, resource sharing, and community engagement activities.

Please feel free to reach out to us at [Your Contact Information] for any further discussions or planning.

Thank you for your commitment to this partnership!

Sincerely,

[Your Name]

[Your Position]

[Your School Name]