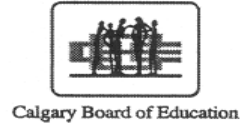




**CALGARY READS**  
**SCHOOL APPLICATION**



**School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **P.Code** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Principal's Name:** \_\_\_\_\_

**Calgary Reads Teacher Coordinator:** \_\_\_\_\_

**Teacher's Names:**

**Grade 1:** \_\_\_\_\_  
\_\_\_\_\_

**Grade 2:** \_\_\_\_\_  
\_\_\_\_\_

**Grade 3:** \_\_\_\_\_  
\_\_\_\_\_

**Resource Teacher:** \_\_\_\_\_

**Literacy Site Coordinator:** \_\_\_\_\_

1. Do you have a current source of volunteers ( i.e. parents, etc.)? If so, how many and from where?

\_\_\_\_\_  
\_\_\_\_\_

2. Please identify potential sources of volunteers that are located near your school; ( i.e. Seniors' Centres, Churches, Junior High or High School).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any current School Business Partners? Please list:

Name of Organization:	Name of Organization:
Address:	Address:
Phone: Fax:	Phone: Fax:
Contact Person:	Contact Person:

4. Do you currently have an Early Reading Intervention or Reading Recovery program operating in the school?

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5. Where in the school will the volunteers be working? (i.e. library, vacant classrooms, etc.)

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6. Do you have the funds (approximately \$1,500) to support the program? \_\_\_\_\_  
(\$1,000 Books, \$300 tutor tubs and student supplies, \$200 Tutor support & appreciation)

7. What have you identified, in general terms, as the main challenges to literacy in your school?

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8. Please attach a copy of your school improvement plan, and/or a letter highlighting your school's current literacy initiatives. Outline a plan of action and timeline for starting the Calgary Reads program in your school.

Please complete this application and return it to:  
Calgary Reads  
c/o Valley View School  
4105 – 26 Ave. SE, T2B 0C6  
Phone: 403-777-8254  
Fax: 403- 777-8239  
email: [info@calgaryreads.com](mailto:info@calgaryreads.com)