



British Columbia's

K-12 Innovation Strategy

INNOVATION PARTNERSHIP + INNOVATION INVENTORY GUIDELINES

Sign-off for Independent Schools:

Lead educator:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Principal/Head of School:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Superintendent (if applicable):

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Independent School Association:

PLEASE PRINT FIRST AND LAST NAME

SIGNATURE

Date:

____ / ____ / ____
YYYY MM DD