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**School Activation Form**

Please complete and return form to Special Olympics New Mexico:

Attn: Victoria Gonzales Email: [victoriagonzales@sonm.org](mailto:victoriagonzales@sonm.org)

Fax: 505.856.0346 Tel: 505.856.0342

This form should be completed by a school representative. If you are new to Unified Champion Schools and have questions or need help filling out the form, please contact Victoria Gonzales. It is important that the person completing this form obtain school administration approval before returning the completed form to Special Olympics.

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| **Name of School District:** |  |
| **Name of School:** |  |
| Address: |  |
| City/State/Zip: |  |
| **School Liaison Contact:** | **Liaison’s Position:** |
| Daytime phone: |  |
| Email address: |  |
| **Student Leader Contact:** | **Student Leader’s Grade:** |
| Cell phone: |  |
| Email address: |  |
| **Name of Administrator:** | **Administrator’s Position:** |
| Phone: |  |
| Email Address: |  |
| **Signature of Administrator:** |  |
| Grade Level: (please circle one) | Pre-K Elementary Middle High K-12 |

To be a Project UNIFY school, you *must*:

 Unified youth leadership roles in carrying out the initiatives.

 At least one Inclusive Sports opportunity

 Project Request Form for any funds requested and Post Project Report after each activity

 Completion of an online Survey at the end of the Project UNIFY program year