



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