

## Better Together Challenge Signature Approval Page

Project Title:

School Name:

School District:

Team Members (including first and last name):

First and Last Name of Teacher(s) who will advise project:

First and Last Name of School Principal:

By signing below, each of us approves this project. We will support and guide our school team to ensure that this project is successful in creating environments in our school that are safe, inclusive, and equitable for all students. We understand that if our team is selected as a finalist, we will be asked to share regular updates with the Better Together Challenge members.

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Project Advisor

Date

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School Principal

Date