



Helplanka Schools Twinning Project

NAME OF SCHOOL

ADDRESS OF SCHOOL

.....POSTCODE.....

TEL NO EMAIL

TOTAL NUMBER OF PUPILS

PLEASE TICK: BOYS SCHOOL

GIRLS SCHOOL

MIXED

MEMBER OF TEACHING STAFF NOMINATED AS SCHOOL TWINNING CO – ORDINATOR

TITLE..... FIRST NAME..... LAST NAME.....

CONTACT DETAILS: TEL..... FAX.....

E – MAIL..... WEBSITE

SCHOOL TWINNING COMMITTEE

NAMES OF YOUR TWINNING COMMITTEE MEMBERS AND ANY DETAILS
THAT YOU CONSIDER RELEVANT AND APPROPRIATE (AGES, SCHOOL,
YEARS ETC.)

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.....

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NAME OF SRI LANKAN SCHOOL.....

.....

ADDRESS.....

.....

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TOTAL NUMBER OF PUPILS.....

E-MAIL.....

SCHOOL PRINCIPAL.....

TEL.....

E-MAIL/ WEBSITE.....

CO-ORDINATOR.....

TOTAL NO. PUPILS.....

NO. GIRLS

NO. BOYS.....

LEVEL OF ENGLISH FLUENCY.....