Sister School Program

Expression of Interest Form - Overseas

CRICOS Provider Code: 00861K

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School Name: **TOKO SANATAN PRIMARY SCHOOL**

School Address: **P.O. BOX 172, TAVUA TOWN**

City: State/Province: **BA**

Country: **FIJI ISLANDS**

Telephone No: **6796680202**

Fax No: **6796681951**

Email: [tokobschool@connect.com](mailto:tokobschool@connect.com)

Name of Principal: **MR. SERUPEPELI KOROITUBUNA**

Name of Contact Person: **MRS SHARON KUMAR**

Please provide a brief explanation outlining why you wish to establish a sister school relationship with a school in Victoria:

**IT WILL BE OF GREAT ADVANTAGE TO THE SCHOOL FROM AN UNDERDEVELOPED COUNTRY AS FIJI IN TERMS OF SKILL IMPROVEMENT IN THE CLASSROOMS FOR THE TEACHERS AND STUDENT INTERACTION**.

What does your school hope to achieve from a sister school relationship?

1. **EXCHANGE OF STUDENTS TO LEARN OTHER CULTURES.**
2. **TEACHERS TO UPSKILL THEMSELVES.**
3. **UNDERDEVELOPED SCHOOL AS OURS CAN GAIN A LOT OF MATERIAL WISE FROM FULLY DEVELOPED SCHOOLS**.

Please ensure that you have read the guidelines for the Sister School Relationship process to complete this form.

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What activities does your school propose to undertake to implement the program?

1. **EXCHANGE OF CULTURAL PROGRAMMES THROUGH EMAILS AND PICTURES.**
2. **STUDENT EXCHANGE.**
3. **STAFF EXCHANGE**

What financial and other resources is the school prepared to commit to this program?

1. **FINANCE WISE WE WILL FUNDRAISE.**
2. **WE HAVE STAFF WHO HAVE DEGREES WHO CAN SHARE THEIR EXPERIENCE.**

How do you anticipate the program will be sustained by the school?

**PLANS WILL BE FORMULATED FOR EVERY 3 YEAR PERIOD FOR SUSTAINABILITY OF THE PROGRAM.**

**For more information, and to fax or email your completed form, please contact:**

Sister School Coordinator

International Education Division

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