

2011-2012 Junior Achievement Class Request Form

Please complete this form to request a JA program in your classroom during the 2011-2012 school year and mail or fax to:

Junior Achievement of Maine, Inc.
82 Elm Street, Portland, ME 04101
Fax (207) 347-4344

Teacher Name: _____

School: _____

School Address: _____

City, State, Zip Code: _____

School Tel: _____

Teacher Email: _____

Principal: _____

Grade: _____ # of Students _____ Indicate # of classes if more than one _____

JA Program Requested: _____

I would like my JA Program in the (check off term below - we will try to accommodate):

___ Term 1, Fall (October - January) ___ Term 2, Spring (February - May)

Would you like your class to participate in Job Shadow Day (Middle School/HS only)

Which term? Fall-November _____ OR Spring-February _____

I would like to request the following volunteer(s): _____

Preferred day(s) and time(s) for JA program: _____

YES! We can combine classes. My class is combined with _____

(Teacher's name to combine with)

Home phone: _____

(this will not be published but will provide the volunteer another way to reach you)