

of the Palm Beaches & Treasure Coast

Elementary Program Request Form

School Name: _							
School Liaison	chool Liaison Name:						
Email Address:							
Phone Number:	!						
Please fill out t Junior Achieve			ber of classes	in each grade t	hat will be pa	rticipating in	
Grade:	K	1	2	3	4	5	
# of Classes							
Fall Sprintal Has your school s your school i	ngoll participated in t	in Junior Achio	evement Progr	nt Programs? (F rams before? JA in a Day (if yo	ou are unfamili	ar with JA in	
		D	lease Fav				

Please rax:

FAX NUMBER: 561-242-9469

Along with this Program Request Form you must send a list of (See attached template):

Participating Teacher First and Last Names Participating Teacher's Emails Volunteer Names for each classroom And Volunteer Phone Number & Email

*If your participating classes do not have a volunteer please leave out that section and JA will work to recruit a community volunteer.



Template for JA list:

Grade Level	Teacher Name	Teacher Email	Volunteer Name	Volunteer Phone Number	Volunteer Email
K	Sue Smith	Sue.Smith@abcschools.org	Mary Jones	555-555- 5555	Mjones@gmail.com