

2009-10 VERIFICATION FORM

 Information JA **requires** for just-completed courses

VOLUNTEER please complete this section during your FINAL class visit

 Fill-out **ALL** boxes and hand this form to your **TEACHER**.


Volunteer Name	
Volunteer Gender & Race*	
On what date did you teach the FINAL lesson?	
Did you teach all the required lessons? How many was that?	

signature _____

TEACHER please complete this section during the FINAL class visit

!! Fax it PROMPTLY !! to JA at 508-997-1399

Or Mail to : Junior Achievement, 106 Spring Street, N. Bedford, MA 02740

School Name & Grade	
Teacher Name (print)	
Teacher Gender & Race*	
JA Course Name	
Total number of students enrolled in class	
Number of students by race/ethnic origin* <small>* This is a measurement our funders demand of us.</small>	White _____ Asian _____ American Indian _____ Black/African American _____ Hispanic/Latino _____ Hawaiian/Pacific Islander _____

TEACHER please complete this section to get JA NEXT school year

I request JA for next school year. I will be at the same school. The grade will be _____. The approximate class size will be: _____ students. The time I prefer to get the program has been circled below: {ANYTIME guarantees JA for your class}



[ANYTIME] or Oct 15 to Dec 15 [FALL] or Feb 1 to March 31 [WINTER] or April 1 to May 31 [SPRING]

Elementary grades get their grade specific JA course.

 If requesting 6,7 or 8th grade, circle one of these: JA Global Marketplace JA It's My Business JA Economics for Success

If requesting 9-12 grades, circle one of these: JA Success Skills JA Financial Literacy JA Be Entrepreneurial JA Titan JA Economics

Required update: Personal phone # (kept confidential) _____ Optional update: email _____

or No, thank you. I am [RETIRING] [TRANSFERRING SCHOOLS] [OTHER]