

2022-2023 Operation Aware JENKS Program Request Form

District _____	School _____
Address _____	City _____
Zip _____	
Phone _____	
Principal _____	Email _____
Counselor _____	Email _____
Person to contact regarding scheduling _____	

Person to contact regarding billing _____

Program preferences: In the first chart, please choose the three most convenient quarters for Operation Aware to be in your classroom. Write #1 in the blank for your first choice, #2 for your second and #3 for your third preference. In the second chart please specify the way you wish to have Operation Aware facilitated at your school. You may mark your choice with an "X." We will do our best to schedule your first choice. We schedule on a first come first served basis.

Quarter	Begins	Ends	Preference
1 st	August	October	
2 nd	October	January	

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3 rd	January	March	
4 th	March	May	

Number of classes: Please fill in the number of preferred classes (sections) you desire to participate for the year in the box below the requested grade(s). We will do our best to cover your request with our allotted funding and let you know the final determination of what class we can cover.

GRADE	4	5	6	7	8	9	10	11	12
# of classes participating									

Day and time preferences: Please choose the three most convenient days and times for Operation Aware to be in your classroom. Write #1 in the blank for your first choice, #2 for your second and #3 for your third preference. We will do our best to schedule your first choice. We schedule on a first come first served basis.

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

School Hours: Times your school days begin and end. Begin: _____ End: _____

Please return this form to the Operation Aware at your earliest convenience. For questions, please contact Mackenzie Staples.

Please Email this form to Mackenzie Staples - Director of Programs at: mstaples@operationaware.org
www.operationaware.org