

Fax #: 651.345.2215

JMC Training Request Form

Please fill out the following form and fax it to us. The more dates you put down as "Possible Training Dates," the easier it will be for us to fit your training request into our schedule.

Your name: _____

School: _____

Phone # _____

Training requested:

Web Training

- Have you reviewed the Web Training info sheet? Yes No
- Has anyone at your school conducted a remote support session with a JMC representative previously? Yes No

JMC Home Office Training

Please list possible dates and times you would like to request training:

1st Choice: Date _____ Time _____

2nd Choice: Date _____ Time _____

3rd Choice: Date _____ Time _____

4th Choice: Date _____ Time _____

How many people will be attending? _____

What topics/modules would you like covered during the training?

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Standards and Benchmarks | <input type="checkbox"/> Period Attendance | |
| <input type="checkbox"/> Schedules | <input type="checkbox"/> Health | <input type="checkbox"/> Lunch | <input type="checkbox"/> State Reporting |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Discipline | <input type="checkbox"/> Other _____ | |

Please list any information you would like us to note in regards to what you would like covered, i.e. "We have a new office professional" or "We are using a new JMC module for the first time."