

**DECLARATION OF INTENT**

Cooperating System's Superintendent or School's Headmaster

\_\_\_\_\_  
*Signature*

Cooperating System's or School's EconomicsAmerica Coordinator

\_\_\_\_\_  
*Signature*

Name of School or School System \_\_\_\_\_

Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City* *State* *Zip Code*

\_\_\_\_\_  
*Telephone* *Fax*

\_\_\_\_\_  
For office use only

Director, Center for Economic Education

\_\_\_\_\_  
*Signature*

Director, Georgia Council on Economic Education

\_\_\_\_\_  
*Signature*

Representative, Council on Economic Education

\_\_\_\_\_  
*Signature*

**Please return this form to:**

**Dr. David Martin, Executive Director  
Georgia Council on Economic Education  
P. O. Box 1619 • Atlanta, Georgia 30301-1619**



## REQUEST FOR *EconomicsAmerica* DESIGNATION

The **Georgia Council on Economic Education** hereby requests that the **Council on**

**Economic Education** designate the \_\_\_\_\_  
(name of school system or school agency)

As a participant in the ***EconomicsAmerica*** Schools program.

This school system is, or will be, engaged in formal curriculum development activities in economic education in cooperation with our council and its center network. The program involves planning, coordination, in-service education, multiple-grade-level curriculum development, and program evaluation. Our council requests assistance in accord with benefits that are provided to *EconomicsAmerica* Schools by the Council on Economic Education.

### **Superintendent of Schools or Head of Agency:**

Name: \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Coordinator or Contact for Economic Education Program:**

Name: \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student enrollment of school system: \_\_\_\_\_ Number of faculty: \_\_\_\_\_

Grade span of school system: \_\_\_\_\_

Economics Consultants (at present or probable); specify affiliated center if appropriate:

\_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Council Director's Signature*