

P.O. #: _____

Form Due 30 days prior to the event

2017-2018 PROFESSIONAL DEVELOPMENT PROGRAM

PLEASE SEND IN REGISTRATION ____ YES ____ NO

IF YES, PLEASE ATTACH COMPLETED REGISTRATION FORMS

Activity: _____

Date(s): _____

Location: _____

<p>Is a Substitute Teacher required?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If 1/2 day, is sub needed for a.m. or p.m.?</p> <p>a.m. <input type="checkbox"/></p> <p>p.m. <input type="checkbox"/></p>
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<p>Added to Online Subsystem (even if a substitute is not required)?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
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<p>Will you be attending:</p> <p>Alone <input type="checkbox"/></p> <p>As a Group <input type="checkbox"/></p>

TEACHERS: ADD REQUEST TO SUBSYSTEM AT THE TIME OF THE REQUEST

Please refer to the Festus R-VI Professional Development Handbook and Reimbursement Information

(FILL IN BELOW)

Registration - Fees _____	\$ _____
Meals (Allowance up to B=\$6.00; L=\$8.00; D=\$15.00) _____	\$ _____
Lodging _____	\$ _____
Transportation (.40 per mile), <i>but no compensation if school van(s) available</i> _____	\$ _____
Other (Supplies and/or materials) _____	\$ _____
TOTAL	\$ _____

State your Building Improvement Plan goal or your Learning Community's professional development goal and how this activity will assist you in achieving it.

Teacher PRINT Name

Date

OFFICE USE ONLY

Principal: Approve ____ Not Approve ____ Hold for further information ____

Comments: _____

Please mark appropriate Code:

- | | |
|---|--|
| Elementary <input type="checkbox"/> 1 2214 6343 402 | Elementary Principal <input type="checkbox"/> 1 2411 6343 |
| Intermediate <input type="checkbox"/> 1 2214 6343 502 | Intermediate Principal <input type="checkbox"/> 1 2412 6343 |
| Middle School <input type="checkbox"/> 1 2214 6343 304 | Middle School Principal <input type="checkbox"/> 1 2413 6343 |
| Senior High <input type="checkbox"/> 1 2214 6343 105 | Senior High Principal <input type="checkbox"/> 1 2414 6343 |
| Central Office <input type="checkbox"/> 1 2214 6343 941 | Other <input type="checkbox"/> _____ |

Principal Signature _____ Date _____

Assistant Superintendent of Teaching/Learning _____ Date _____