P.O. #: _____   **Form Due 30 days prior to the event**

<u>2019-2020 PROFESSIONAL DEVELOPMENT PROGRAM</u>

PLEASE SEND IN REGISTRATION _____ YES _____ NO

IF YES, <u>PLEASE ATTACH COMPLETED REGISTRATION FORMS</u>

Activity: _____

Date(s): _____

Location: _____

Is a Substitute Teacher required? Yes ☐ No ☐ **If ½ day, is sub needed for a.m. or p.m.?** a.m. ☐ p.m. ☐	**Added to Online Subsystem (even if a substitute is not required)?** Yes ☐ No ☐	**Will you be attending:** Alone ☐ As a Group ☐

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 $30 per day for Breakfast,lunch,and dinner) _____ $ _____
Lodging _____ $ _____
Transportation (.40 per mile), *but no compensation if school van(s) available* _____ $ _____
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	☐ 1 2214 6343 4020	Elementary Principal	☐ 1 2411 6343 4020
Intermediate	☐ 1 2214 6343 5020	Intermediate Principal	☐ 1 2411 6343 5020
Middle School	☐ 1 2214 6343 3020	Middle School Principal	☐ 1 2411 6343 3020
Senior High	☐ 1 2214 6343 1050	Senior High Principal	☐ 1 2411 6343 1050

_____   _____
Principal Signature   Date   Assistant Superintendent of Teaching/Learning   Date

(Revised 05/2019)