

P.O. #: _____

Form Due 30 days prior to the event

2020-2021 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 <u>(Allowance up to \$30 per day for Breakfast,lunch,and dinner)</u> _____	\$ _____
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 4020 | Elementary Principal <input type="checkbox"/> 1 2411 6343 4020 |
| Intermediate <input type="checkbox"/> 1 2214 6343 5020 | Intermediate Principal <input type="checkbox"/> 1 2411 6343 5020 |
| Middle School <input type="checkbox"/> 1 2214 6343 3020 | Middle School Principal <input type="checkbox"/> 1 2411 6343 3020 |
| Senior High <input type="checkbox"/> 1 2214 6343 1050 | Senior High Principal <input type="checkbox"/> 1 2411 6343 1050 |

Principal Signature _____ Date _____

Assistant Superintendent of Teaching/Learning _____ Date _____