

P.O. #: \_\_\_\_\_

Form Due 30 days prior to the event

**2021-2022 PROFESSIONAL DEVELOPMENT PROGRAM**

PLEASE SEND IN REGISTRATION \_\_\_\_ YES \_\_\_\_ NO

***IF YES, PLEASE ATTACH COMPLETED REGISTRATION FORMS***

Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

<p><b>Is a Substitute Teacher required?</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><b>If 1/2 day, is sub needed for a.m. or p.m.?</b></p> <p>a.m. <input type="checkbox"/></p> <p>p.m. <input type="checkbox"/></p>
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<p><b>Added to Online Subsystem (even if a substitute is not required)?</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
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<p><b>Will you be attending:</b></p> <p>Alone <input type="checkbox"/></p> <p>As a Group <input type="checkbox"/></p>
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***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.. itemized receipt required)</u> _____	\$ _____
Lodging _____	\$ _____
Transportation (.50 per mile), <i>but no compensation if school van(s) available</i> _____	\$ _____
Other (Supplies and/or materials) _____	\$ _____
<b>TOTAL</b>	\$ _____

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 \_\_\_\_\_