

P.O. #: _____

Form Due 30 days prior to the event

2018-2019 PROFESSIONAL DEVELOPMENT PROGRAM

PLEASE SEND IN REGISTRATION ____ YES ____ NO

IF YES, PLEASE ATTACH COMPLETED REGISTRATION FORMS

Activity: _____

Date(s): _____

Location: _____

Is a Substitute Teacher required?

Yes

No

If 1/2 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 <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
Central Office <input type="checkbox"/> 1 2214 6343 9410	Other <input type="checkbox"/> _____

Principal Signature _____ Date _____

Assistant Superintendent of Teaching/Learning _____ Date _____