MADISON-GRANT UNITED SCHOOL CORPORATION

Professional Development Conference Request Form

rom:	So	chool:	
Date:	Teaching Subject or a	area of Responsibility:	
	llevine suefectional conf		
am interested in attending the fo		erence.	
— Conference to be attended	d:		
— Location of Conference:			
— Date(s) Involved:			
— Will a substitute be needed	d?	(Explain if necessary)	
— Is there a registration fee?		Estimated Cost	
— Is lodging required?		Estimated Cost	
— Is the school van availa	ble? Reserv	ve van with Mr. Evans at CO	
— Mileage Estimate IF van is	not available	Estimated Cost	
— Total Estimate of Conferer	nce		
(Include or duplicate any li	terature explaining the co	onference)	
<u>eachers:</u> Please submit tl	his request form to your	building administrator.	
		e. Once the conference request is app	proved, a copy
vill be sent back to you. It is you			о , о с , и сор,
,	. , ,	e Superintendent prior to confere	nce attendance
<u>-</u>	• • • •	least three school days prior to the	
Principal's Signature	Date	Teacher's Signature	
			A = = = = d
Superintendent's Signature	Date		Approved
Superintendent's Signature	Date		Not Approved