

Application Date: _____

Winslow Township School District Professional Development Request Form

This form and all supporting documentation must be submitted and approved four (4) weeks in advance of the activity.

Name:	Position:
School:	Grade Level/Assignment:
Date(s) of Activity:	<input type="checkbox"/> Full Day <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only
Name of Activity:	
Location (Town, State):	
Briefly describe the activity and your purpose for attending:	

Substitute Required:
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Expenses Requested:	
Registration Fee	\$
Travel/Parking	\$
Lodging	\$
Materials	\$
Total Expenses:	\$

Account Number(s) Charged: _____ _____

You will be expected to turnkey the information upon request.

Principal

Date

Recommended: Yes No

Director of Curriculum

Date

Approved: Yes No

Superintendent/Designee

Date

Approved: Yes No