Sarcoxie R-II School District

PD/Request to Attend Conference

(Please attach all registration forms. Room & conference registrations will be made by the Central Office, but please double check on all registrations. Also, keep all receipts!

Name: _____

Name of Conference/Workshop: _____

Date(s) and time: _____ Location: _____

Describe the nature of this activity or attach a copy of the published description:

_____

_____

Applicable CSIP goal(s) *(Check all that apply.)* ☐ 1 ☐ 2 ☐ 3 ☐ 4

How does it apply? _____

Applicable PD goal(s) *(Check all that apply.)* ☐ 1 ☐ 2 ☐ 3 ☐ 4

How does it apply? _____

PDC support requested: *(Check appropriate items & note costs.)*

☐ Substitute needed for ____ days @ $80.73 $ _____

☐ Conference/Workshop fee $ _____

☐ Transportation @ $0.37 per mile *Total Mileage* = _____ $ _____

☐ Lodging for ____ nights @ _____ per night *(Dates _____)* $ _____

Total = $ _____

How will you share information gathered at conference/workshop?

_____

_____

What funds will be used for conference/workshop? (Regular PD, Title 1 PD, Title 2 PD, etc.)

☐ Regular PD ☐ Title 1 PD ☐ Title 2 PD

☐ Other _____

Teacher signature: _____ Date: _____

PDC approval: _____ Date: _____

Principal approval: _____