Keystone School District  
Continuing Professional Development  
PRE-APPROVAL REQUEST FORM  
(Request must be submitted Five (5) Days in Advance of Board Meeting)

Name: ___________________________  Today's Date: ________________

Professional Activity: ___________________________

Professional Activity Category: ___________________________

What: ___________________________________________

Where: ___________________________________________

When: __________  Time: __________

Sponsor of the Activity: ___________________________

Particular Areas of Interest to the Staff Member: ______________________________________

How will this Meeting Improve our Educational Program, Help our Students or Further your Professional Development?

Reasonably Accurate Estimate of Expenses (please list):

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$</td>
</tr>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
</tr>
<tr>
<td>Room</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
</tr>
</tbody>
</table>

Total Expense Estimate: $ __________

Did you request Funding for this Activity?  Yes or No ---> ___________________________

Have adequate Funds been Budgeted in the School District Budget?  Yes or No ---> ___________________________

Approval:

ACT 48 Coordinator's Approval:  
Signature ___________________________________________  Date __________

Principal's Approval:  
Signature ___________________________________________  Date __________

Superintendent Approval:  
Signature ___________________________________________  Date __________