

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):

Registration \$ _____

Travel _____

Meals _____

Room _____

Miscellaneous _____

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 --> _____

Administrative Use Only

Approvals:

ACT 48 Coordinator's

Approval:

Signature

Date

Principal's Approval:

Signature

Date

Superintendent Approval:

Signature

Date