

**ASHFORD SCHOOL**

**REQUEST TO ATTEND PROFESSIONAL DEVELOPMENT ACTIVITY**

Instructions: All staff and administration will use this request form for any type of activity. Please print below and forward this form with the appropriate administrator.  
NOTE: Incomplete forms will not be processed

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**WHAT TYPE?**  **Administrative**  **Contractual Request**  **CSDE**  
 **Grant (Which grant?)** \_\_\_\_\_

(Please check off here and attach a photocopy of any flyer or brochure, if applicable.)

Workshop, Conference, Seminar... **Title:** \_\_\_\_\_

School / Classroom Visit  Institute  Exhibit  Field Work

Other (Please explain) \_\_\_\_\_

**HOST ORGANIZATION:** \_\_\_\_\_ **WHERE:** \_\_\_\_\_

**WHEN (day and date(s)):** \_\_\_\_\_

**TIME: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **PHONE # TO REACH YOU** \_\_\_\_\_

**PURPOSE:** (check one or more)

Evaluation  Professional Development  Classroom Application

Curriculum Development  Other/Explain: \_\_\_\_\_

**FOLLOW UP:** (check one or more)

Report at Faculty Meeting  Classroom Use  Curriculum Document

Workshop/Demonstration  Other/Explain: \_\_\_\_\_

**EXPENSES: (Approval is required in advance... N/A if not applicable.)**

1. Registration Fee: \_\_\_\_\_

2. Cost of Substitute: \_\_\_\_\_

3. Other Costs: \_\_\_\_\_ Explain: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Applicant's Signature/Date** \_\_\_\_\_

\*\*\*\*\*

**ADMINISTRATIVE ACTION**

**Approved:**  **Yes**  **No** *If No, reason for denial* \_\_\_\_\_

**Administrator's Signature/Date:** \_\_\_\_\_

**SUPERINTENDENT ACTION**

**Approved:**  **Yes**  **No** *If No, reason for denial* \_\_\_\_\_

**Superintendent's Signature/Date:** \_\_\_\_\_

**BUSINESS OFFICE USE ONLY: (enter N/A if None)**

Budget Code for Reg. Fee: \_\_\_\_\_

Budget Code for Sub: \_\_\_\_\_

"Other" Budget Codes: \_\_\_\_\_

**PURCHASE ORDER #** \_\_\_\_\_