

USD 426 INSERVICE REQUEST FORM

Complete the following form and present it to the building principal for approval at least two weeks prior of planning to be gone for in-service.

Name: _____ Date Request Made: _____

Title of Inservice Activity: _____

Date/s of Activity: _____ Location of Activity: _____

Registration fee: _____ Est. Meals _____ Lodging: _____

Total: _____

PLEASE ATTACH COPY OF REGISTRATION FORM WITH THIS REQUEST

Description of Activity: (Briefly describe what will be learned at the in-service)

Describe what follow-up activities you plan in your classroom as a result of attending this in-service:

Approve/Disapprove Building Principal: _____ Date Completed _____

Approve/Disapprove Superintendent: _____ Date Completed _____

Comments: _____

OFFICE USE ONLY

Date received at District Office _____

Registration: P.O. # _____ Date Completed: _____

Lodging: P.O.# _____ Date Completed: _____

Copy returned to Staff Member: _____ Date Completed: _____