Date:	Approved	Disapproved	Curriculum Director Signature:
Date:	Approved	Disapproved	Principal/Dir. of PRE Signature:
Date:	Approved	Disapproved	Asst. Superintendent Signature:
Date:	Approved	Disapproved	Superintendent Signature:
travel must have prior contact Tonette Simon	a form for in board appro netta at ext.	dividual(s) in the val. For informat 2400 . Request n	REQUEST FORM – 2013-2014 e district requesting to attend the same meetings/conferences. Attion related to lodging, per diem meal rates and mileage costs, must be submitted at least ten days prior to a Board Meeting. Date:
			Event Location:
Denarture Date/Tim	e & Return	iinσ Date/Time	
Iraining/Seminar	Conven	tion/Conference	Other (specify)
FUNDING BREAK	DOWN:		
Registration: \$			Mileage (\$.31/mile) \$ rence more than 1 day)
Airfare: \$		Parking: \$	*Other Costs: \$
**Lodging: \$		_ Taxi: \$	Total Requested: \$
**For lodging, personal	Credit Card	number may be rec	quired for hotel reservation.
Substitute needed: Y	es	_ No	# of Days
Account(s) Budgeted:			
Account(s) Budgeted:			
Account(s) Budgeted:			
List goals and objective (see district website und			al Development Plan consistent with attendance at this event

JUSTIFICATION OF NEED: Must be completed on the following page.

Attach Agenda/Itinerary: For each day, include the title and time of workshops to be attended along with back-up information for this event with this PSD Conference Request (i.e. agenda/itinerary, etc.)

Revised: September 2013

Justification: 1. Relationship of attendance at this event to the critical instructional and operational needs of the District including alignment with the CCSS and/or NJCCCS. 2. Explanation as to how you will share what you learned with others in the school district. 3. Documentation that the knowledge and information to be gained at this conference cannot be obtained through more cost effective means. 4. Explanation as to how the request is consistent with the best practices in professional development.

Revised: September 2013