



NARRAGANSETT REGIONAL SCHOOL DISTRICT

Office of the Superintendent of Schools

OUT-OF-DISTRICT
REQUEST FOR FY 08 PROFESSIONAL DEVELOPMENT

FACULTY MEMBER: _____ DATE: _____

FACULTY SIGNATURE: _____ SCHOOL: BES ET TC PMS MS HS

The requested PD applies to my _____ DIP _____ SIP _____ IPDP

PROFESSIONAL DAY (Please Check) _____ Conference _____ Workshop _____ Activity

Location: _____ Date(s): / / to / /

Name of Program: _____ Time Period: _____

Is sub needed? _____ Yes _____ No Cost(s) if seeking reimbursement

Registration Fee: _____ Estimated Travel Reimbursement: _____

Approved _____ Not Approved
PRINCIPAL'S SIGNATURE

GRANT NAME: _____
Approved _____ Not Approved
GRANT COORDINATOR'S SIGNATURE

COURSE APPROVAL

Institution _____ Date(s): / / to / /

Title of Course _____

_____ # Undergraduate Credits _____ # Super PDP's _____ # NRSD Credits

Cost(s) if seeking reimbursement

Tuition: \$ _____ Estimated Travel Reimbursement: \$ _____

Approved _____ Not Approved
PRINCIPAL'S SIGNATURE

GRANT NAME: _____
Approved _____ Not Approved
GRANT COORDINATOR'S SIGNATURE

Note: For all of the above, please attach all support information (i.e., descriptions, registration forms & receipts)

For Office Use
Approved
Approved at no cost to the District
Not Approved
More Information Needed
Assistant Superintendent
Date