



Dracut Public Schools
Workshop/Conference Request Form
 Office of Curriculum, Instruction and Assessment

IMPORTANT: Please attach ALL pertinent information including a description of the workshop/conference & registration information (**registration should not be completed by applicant until approval is granted**). If seeking Professional Development Reimbursement, please complete and attach Tuition reimbursement form.

Name of Teacher: _____ School: _____ Date _____

Title of Conference/Workshop _____

Dates of Conference/Workshop _____ Time _____

Location _____

Cost of registration _____ Estimated cost of meals (if applicable) _____ Est. mileage (to & from) _____

Parking cost (if applicable) _____ Lodging (if applicable) _____ Total estimated cost _____

Funding source (Budget Line, Grant Etc.) _____ Is a Substitute Teacher needed _____

Are you seeking reimbursement for above cost? Yes No If yes total amount _____

Approved Disapproved
 Reason _____

Building Principal _____ Date _____

Approved Disapproved
 Reason _____

Director of Curriculum, Instruction and Assessment _____ Date _____

Approved Disapproved
 Reason _____

Superintendent of Schools _____ Date _____

FOR OFFICE USE ONLY		
Date request received	Approved/disapproved date	
Req#	Date issued	From

Revised December 2014

Date received _____ Initials _____