

Professional Development Conference Request Form

Bruce Public Schools

104 W Washington Ave. Bruce, WI 54819

PH 715-868-2585

Fax 715-868-2534

Pre-Approval Procedures: **Submit to District Office at least two weeks prior to registration date.**

1. Complete this form and return it District Office or send by email to tiffany@bruce.k12.wi.us
2. Attach conference and PAYMENT information (Please do not check PO payment or register until session is approved.)
3. Signature approval from District Administrator and Principal
4. Forward this form and all documents 2 weeks prior to registration date (Materials will be returned with PO# via email.)
5. Register for conference and email conference confirmation to Tiffany Gerber at tiffany@bruce.k12.wi.us
6. Notify your principal for sub coverage. (Please circle) Yes - I need a sub. No - I do not need a sub.

Educator's Name _____ Grade _____ Dept. _____ Date Submitted: _____

A member of this organization (if applicable) Renew Membership Membership Fees _____

Conference Title _____ Location of Conference _____ Organization _____

Registration Cost \$ _____ Date(s) _____ Substitute Required? Yes _____ No _____ (Sub fee is \$120)

Please fill out if reimbursement is needed: Number of miles _____ Parking \$ _____ Lodging \$ _____

Describe the relevance and impact this activity will have on you professionally and how it will impact students -

Please plan on conducting a follow-up activity based on the information obtained at this conference. Check which category this conference relates to:

School PD _____ Department PD _____ Curriculum Work _____ Classroom Instruction _____

Teacher Signature: _____ Date _____

District Administrator Signature: _____ Date: _____

Principal Signature: _____ Date: _____

DISTRICT OFFICE USE ONLY

PO # _____ Credit Card Confirmation _____

Funding Source: District PD _____ Special Ed PD _____

Title I _____ Title VI _____ IDEA Grant _____

Approved _____ Not Approved: _____