



KINGSLEY AREA SCHOOLS

402 Fenton Street

Kingsley, MI 49649

Superintendent: Joshua T. Rothwell

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(231) 263-5261 Ext. 1104

Kingsley Area Schools and the community share the responsibility of educating all students to become productive citizens and lifelong learners.

Professional Development Request Form

I would like to enroll in the following professional development.

Participant's Name:	
Date(s):	
Professional Development Title:	
Location:	

It is helpful to focus on what you want to learn before attending any seminar/workshop/conference. Focusing helps you prepare for learning and prepares a way to evaluate the experience when it is concluded. A short presentation of new and relevant information learned should be shared with the staff in your building or department when you return.

Please respond to the following:

1. What do you expect to learn at this conference session/workshop?
2. How does this experience fit into your current role/area?

Anticipated Expenses:

Registration Fee:	Lodging Expense:	Meal Expense:

Applicant must use school van if available. Request for the use of the van must be submitted immediately following the approval of requested professional development.

Employee Signature

Date

Principal/Supervisor Signature

Date

This form must be completed and submitted to your Principal/Supervisor for approval prior to registering for professional development. Upon completion and approval by the Principal/Supervisor, form is to be forwarded to the Superintendent's Office.

Administration Only:
****Do not complete this section of the request****

Approved/Denied (circle one)

Reason for approving request:

Reason for denying this request:

Superintendent Signature

Approved / Disapproved
Circle One

Date

Fund:	Grant:	PO/Purchasing Card:

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