

**AMORY SCHOOL DISTRICT
DEPARTMENT OF FEDERAL PROGRAMS
PROFESSIONAL DEVELOPMENT (PD) REQUEST FORM**

NAME:	
DATE:	
EMAIL:	
SCHOOL:	
NAME/TITLE OF PD ACTIVITY:	
PD WEBSITE/CONTACT INFO:	
DATES OF PD:	CITY OF PD ACTIVITY:
COST OF REGISTRATION:	HOTEL ACCOMODATIONS: YES NO # NIGHTS ____
WILL YOU SHARE THINGS YOU LEARN FROM THIS PD ACTIVITY WITH OTHERS? YES NO	
PLEASE PROVIDE A BRIEF DESCRIPTION OF HOW THIS PD ACTIVITY IS EXPECTED TO IMPACT STUDENT ACHIEVEMENT/LEARNING:	
Signature: _____	Date: _____
Signature of Principal/Supervisor: _____	Date: _____
FOR CENTRAL OFFICE USE ONLY	
APPROPRIATE FUND: <input type="checkbox"/> TITLE I <input type="checkbox"/> TITLE II <input type="checkbox"/> TITLE VI	
FEDERAL PROGRAMS DIRECTOR'S APPROVAL: _____ DATE: _____	
REGISTRATION: _____	AMOUNT: _____ CODE: _____
TRAVEL: _____	AMOUNT: _____ CODE: _____
HOTEL : _____	AMOUNT: _____ CODE: _____
• INCOMPLETE FORMS MAY BE RETURNED	