

**REQUEST TO ATTEND PROFESSIONAL MEETINGS**

**Marshall Community Unit School District #C-2**

Name of Teacher \_\_\_\_\_

Name of Meeting \_\_\_\_\_

Place of Meeting \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Number of days absent from school (list) \_\_\_\_\_

Substitute required?    Yes            No

If it is necessary to send registration forms accompanied by fees at this time, please fill out the conference registration form completely, attach it to this request form and indicate the amount of the fees in the space below.

Workshop Registration

    I (staff member) personally will register myself for this workshop.

    Unit office staff should register staff member for this workshop.

        Fee required: (amount) \_\_\_\_\_

        No fee required \_\_\_\_\_

    No registration is required \_\_\_\_\_

Estimated total expense (Please itemize) \_\_\_\_\_

Please explain professional interest in attending.

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Approved by Principal \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Request granted \_\_\_\_\_ Request denied \_\_\_\_\_