



# WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

1460 Post Road, Wells, Maine 04090

TEL (207) 646-8331 \* FAX (207) 646-4236 \* TDD (207) 646-7892

\* www.k12wocsd.net

## Professional Development Request

Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Professional Development Activity: \_\_\_\_\_

*(Please attach a copy of the conference brochure and registration form. Requests for meals and lodging must be approved by the building principal.)*

Activity Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Participation in this professional development activity will address:

- Student Achievement
- Implementation of Local, State or Federal Mandates
- Professional Learning Communities

### Registration Fee

\$ \_\_\_\_\_

- I will pay the registration cost to be reimbursed
- Prepay registration with a Purchase Order

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

My plan for sharing what I learned at this professional development activity is:

\_\_\_\_\_  
\_\_\_\_\_

Approval \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Total Amount Approved \$ \_\_\_\_\_

### Approval Signatures:

Building Representative \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

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