East Central Catholic Schools

EAST CENTRAL ALBERTA CATHOLIC SEPARATE SCHOOLS REGIONAL DIVISION NO. 16

Teacher Application – Professional Development Form

APPLICANT:_____ CO-APPLICANT:_____

SCHOOL:_____

DATE OF APPLICATION:_____

INSERVICE:_____

_____

DATE OF INSERVICE:_____ LOCATION:_____

1. INSERVICE THEME:_____
2. INSERVICE OBJECTIVES:_____
3. PRIORITY#:_____
4. TEACHER OBEJECTIVES; RELATIONSHIP/BENEFITS TO TEACHING ASSIGNMENT:

_____

	Estimate/ Actual Cost
1. Registration	$_____
2. Travel:	$_____
3. Subsistence:	$_____
4. Accommodation:	$_____
5. Sub Teacher:	$_____
6. Sundry:	$_____
TOTAL	$_____

Less Direct Funding (if any): $_____

Net Estimated Cost: $_____

Teacher Signature: I accept the Terms/conditions as per Administrative Procedure 412.

_____

Application #_____

Allocation #_____

Budget Balance $_____

Priority #_____

Principal:
Approved:_____

Date:_____

Superintendent (if required):

_____