

VERNON PUBLIC SCHOOLS



30 Park Street • P.O. Box 600

Vernon, CT 06066-0600

Fax (860) 870-6005

Website: www.vernonpublicschools.org

REQUEST FOR PROFESSIONAL LEARNING*

Today's Date:	School:
Name:	Email:
Professional Development Title:	Location:
Date(s) of Prof. Dev.:	Cost: \$
Details of Travel:	
Hotel stay required: Yes No	Airfare required: Yes No
This will meet the following:	
Personal Goals	School Goals District Goals State required
How will this benefit your professional growth?	
How do you plan to share your new learning with your colleagues?	
Staff Signature:	Administrator Signature:

↓ Central Office use ONLY ↓

Funding Source:	Org:	Obj:
Purchase Order #:	Registration Confirmation:	
PCard Purchase? Yes No		
Credit Card Authorization Form Completed?	Yes No	Date:
Approval Signature:	Date:	

***This form must be used by all professional staff to request approval to attend professional learning sessions. The completed form must be submitted to your administrator for approval. The approved form must be received by the Assistant Superintendent's office at least 3 DAYS IN ADVANCE OF THE REGISTRATION DEADLINE. Digital form preferred.**

The Vernon Public Schools, in partnership with family and community, is committed to provide a quality education, with high expectations, in a safe environment where all students become independent learners and productive contributors to society.