

***Barrow County School System
Professional Learning
Request for Registration & Payment***

Please complete and submit to your principal or supervisor 7 days prior to the event. Send the finalized form to Penny Sheppard at the PDC.

School/Location: _____ Today's Date: _____

Title of Professional Learning Opportunity: _____

Description/Intended Outcomes (Please link to initiatives in the system/school improvement plan):

Location of Professional Learning Opportunity: _____

Date(s) of PL Opportunity: _____

Total Projected Cost: _____

Please itemize projected costs:

Registration Cost(s): _____ Travel Cost(s): _____

Substitute(s) Needed: Yes No If yes, what is the estimated cost? _____

Other predicted expenditures (explain): _____

Name(s) of Participant(s):

The following signatures denote procedural adherence and approval.

Principal: _____

System Professional Learning Coordinator: _____