

STERLING PUBLIC SCHOOLS

Where kids achieve!

STAFF DEVELOPMENT AUTHORIZATION



Name _____

School _____

Conference/Workshop _____

Contact Person _____

Address _____

Contact E-mail _____

Phone _____ Fax _____

Date(s) of Conference _____

Time _____

Registration Fee _____

Hotel _____

Hotel phone _____ Fax _____

Substitute Needed Yes or No

Describe what School Improvement Goal or District Initiative will this workshop/conference address:

Describe how you will share your new learning with other staff members:

Principal's authorization _____

Office Use Only

Account name _____

Account number _____

Authorized by _____

Date received _____