

HOLLISTON PUBLIC SCHOOLS

CONFERENCE/SCHOOL BUSINESS/IN-SERVICE REQUEST FORM

NOTE: Must be submitted to the Building Principal two weeks before event.

Please Check One: Individual Request _____ Group Request _____

Individual's Name: _____ School Building: _____

If Group, List Names: _____

Date(s) of Event: _____ Total Days Requested: _____

Description of Conference/School Business/In-service: _____

Location: _____

Telephone # where you can be reached in case of emergency: _____

Who is Paying for this Event?: _____ Cost: \$ _____ P.O. # if Required: _____

Is This Related To (circle one): School Goals _____ District Goals _____

Goal(s): _____

UPON APPROVAL, Contact the sub line immediately and leave details of coverage needs.

Signature of Individual Making Request

Date of Request

Building Principal

Date

Central Office Administrator (if required)

Date

(Central Office Administrator must approve if being paid for out of a Central Office Line Item.)

cc: Assistant Superintendent for Curriculum and Instruction