

BAYONNE PUBLIC SCHOOLS

Request for Professional Day(s)

Name: _____ Grade / Subject: _____

School: _____ House: _____ Date: _____

Approved absence is requested for the following date(s) _____

Location: _____ (attach Announcement)

Provider Number: _____

Current attendance record:

Personal Illness Days Taken _____

Personal Business Days Taken _____

Professional Days Taken _____

Other _____

Did you register for this workshop? Yes No

Is there a Registration Fee for this workshop? Yes No

Are you seeking reimbursement for the Registration Fee? Yes No

Do you need a Purchase Order Number to register? Yes No

Do you need a Substitute? Yes No

Briefly describe function to be attended, and state anticipated professional improvement:

Does this workshop address needs of the sub-groups? Yes No

Do you service Title I students? Yes No

If yes, please check all that apply:

- Students with Disabilities
- White
- Hispanic
- Native American
- Other Ethnicity _____
- English Language Learners
- African American
- Asian/Pacific Islander
- Economically Disadvantaged

Approved _____ Disapproved _____ Approved _____ Disapproved _____

Director Signature _____ Date _____

Principal/V.P. Signature _____ Date _____

Approved _____ Disapproved _____

PLEASE COMPLETE AND INCLUDE A TRAVEL FORM

Assistant Superintendent _____ Date _____