

TEWKSBURY PUBLIC SCHOOLS
Tewksbury, Massachusetts



CONFERENCE OR SCHOOL VISITATION REQUEST

Staff Member:		Date:	
School:		Grade or Subject:	
Name of Conference:		Place of Conference:	
Meeting Date(s):		Dates Absent from Teaching:	
Reason(s) for attending:		Brief Comment:	
_____ Supports system goal		_____	
_____ Supports school goal		_____	
_____ Re-certification		_____	
_____ Other		_____	
Will a substitute teacher be necessary while you are attending this Conference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Estimate of Expenses:	Is there a pre-registration fee?		
Approved by Principal:			Date:
ACTION BY CENTRAL OFFICE			
Approved:	Disapproved:	Date:	
Comments:			
Reimbursement approved for a sum not to exceed \$:			
Acct. # to be charged:	Authorized Signature:		

Request must be filed with the Assistant Superintendent at least one month prior to date of meeting.

Central Office Copy Principal's Copy Person Making Request Portfolio Copy