PEARLAND INDEPENDENT SCHOOL DISTRICT
FEDERAL PROGRAMS OFFICE

WORKSHOP or CONFERENCE REGISTRATION

Complete this form down through PNP Administrator Approval section. Submit with course registration form to district Federal Programs office.

WORKSHOP or CONFERENCE INFORMATION

DATE OF TRAINING: _____ LOCATION: _____

HOST:_____ WEBSITE: _____

TITLE OF WORKSHOP or CONFERENCE: _____

REGISTRATION FEE: _____

ATTENDEE'S INFORMATION

NAME (FIRST AND LAST): _____

PNP (CIRCLE ONE): St. Helen Catholic School or Parkway Christian Academy

PHONE: _____ EMAIL: _____

POSITION (CIRCLE ONE): Teacher, Principal/Campus Administrator, Other:_____

GRADE LEVEL: _____ NUMBER OF STUDENTS RESPONSIBLE FOR: _____

PURPOSE FOR ATTENDING WORKSHOP or CONFERENCE: _____

_____

CAMPUS ADMINISTRATOR APPROVAL

PLEASE CIRCLE WHICH TITLE FUND
T2 OR T4 DATE: _____

CAMPUS IMPROVEMENT PLAN/STRATEGIC PLAN GOAL: _____

PRINCIPAL SIGNATURE:_____ DATE: _____

FOLLOWING THE TRAINING SUBMIT THE FOLLOWING:

1. PROOF OF ATTENDANCE SUCH AS BADGE, AGENDA OR CERTIFICATE
2. WORKSHOP EVALUATION (PEARLAND ISD FORM)

DISTRICT USE ONLY

ACCOUNT #_____

DIRECTOR SIGNATURE:_____ DATE:_____