

School Community Council Schools PROFESSIONAL DEVELOPMENT APPLICATION					
Name:					
Date submitte	ed:				
PD Opportun	ity:				
Date(s):					

Estimated costs of event:

Registration cost:	
Travel: Current rate	
Meals: (receipt must be submitted)	
Accommodations: (receipt must be submitted)	
Approximate Total Costs:	

Approved:	Yes/No		
Date approved: _			
SCC Chairpersor	ו:		
		(signature)	
Administrator:			
		(signature)	
Superintendent o	f Operations		
		(signature)	
Comments:			
GL Code :			
	mann.jaime@	@prairiesouth.ca	