**Northeastern Catholic District School Board**

**REQUEST TO ATTEND**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Activity: |  | | | | |
| Date of Activity: |  | | □ a.m. | □ p.m. | □ all day |
| Location of Activity: |  | | | | |
| Attending (please check ✓): | | □ in person | □ by v/c □ virtual | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School:** | | | | | |
| Name of Participant | Grade | Replaced? | Name of Participant | Grade | Replaced? |
|  |  | □ yes □ no |  |  | □ yes □ no |
|  |  | □ yes □ no |  |  | □ yes □ no |
|  |  | □ yes □ no |  |  | □ yes □ no |
|  |  | □ yes □ no |  |  | □ yes □ no |
|  |  | □ yes □ no |  |  | □ yes □ no |

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES (This section must be completed before submitting)** | | | **(For Board use only)**  **LEAVE CODE** |
| RELEASE | # of supplies: | |  |
| ACCOMMODATION | Number of nights |  | **ACCOUNT #** |
| TRANSPORTATION | Rental (specify name of driver) |  |
| Using own vehicle (subject to approval) |  |
| Flight |  |
| MEALS | |  |
| REGISTRATION FEE | |  |
| **Please attach detailed information for out-of-the-region conference requests.** | | | |

|  |  |
| --- | --- |
| Principal’s Approval: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REQUEST: | APPROVED |  | DENIED |  | |  |  | |
| Conditions: |  | | | | | | |  |
|  |  | | | | | | |  |
| Approval: |  | | | |  |  | |  |
|  | Supervisory Officer | | | |  | Date | |  |

**Please forward to the OFFICE OF THE SUPERINTENDENT OF EDUCATION at the Timmins Board Office.**

December 2016