

# Maple Heights City Schools

## Professional Trip Form

Submit this form to Dr. Charles Keenan, Superintendent at least 30 days prior to the date of the request. This trip must be approved by the Board of Education.

Today's Date: \_\_\_\_\_ Building: \_\_\_\_\_

Name(s): \_\_\_\_\_ Position: \_\_\_\_\_

I request approval to attend the following professional meeting(s). Give name of seminar/training as well as a brief description.

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Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Expenses \*\*

Registration or Fees \_\_\_\_\_

Travel/Mileage \_\_\_\_\_

Lodging \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

*\*\*Please Refer to Board  
of Education Policy BP*

Costs covered by: *(ie grant, building, special education, etc.funds)* \_\_\_\_\_

Substitute Required: \_\_\_\_\_ Date(s): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Teacher or Coordinator

\_\_\_\_\_  
Department Head or Director

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Curriculum Office

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**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY – BOARD OF EDUCATION APPROVAL** Board Meeting Date: \_\_\_\_\_