



Proof of Attendance Title II Professional Development

Purpose: _____
Facilitator: _____
Location/Room: _____

Date: _____
End Time: _____
Start Time: _____

I certify that the information provided on this proof of attendance is true and correct in every respect. I also understand I must attend the professional development activity in it's entirety and submit this form in order for the registration cost and/or sub cost to be covered by grant funds and **not charged to the general fund.**

Signature

Print Name

Return completed form to currinst@gpschools.org