



ETFO – YORK REGION
126 Wellington Street West, Suite 216
Aurora, Ontario L4G 2N9
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Fax: (905) 727-2637

~York Region ~

Application for "PDT PD" Release Time

Incomplete applications will NOT be accepted. Both the Member and the Principal will receive confirmation and release codes, by email, of the approval of the release time request.

ETFO-YR Member Name: _____

School: _____ Phone #: _____ Ext# _____

Non-Board Email: _____

Date of requested release (full day only; no later than June 8, 2012): _____

[] Conference/Workshop/Seminar* (Please give full title):

*Application for release time will not be accepted without a copy of the registration information showing title, provider, date and location. Proof of attendance is required after the event.

*ETFO-YR members may not apply for both funding assistance and release time for the same event.

[] In-School or Across-Schools Activity** (Please provide a brief description of the activity):

**Release time requests are to support teacher-driven activities only.

Principal's Signature*** _____

(***to confirm Principal is aware and approves of date of absence)

Principal's Board Email address: _____

Please Note:

- All applications for support must be received by the ETFO-YR Office a minimum of 10 working days prior to requested release date.
Applications may be denied based on the number of requests for any given date.
For "in-school" and "across-school" activities, Fridays, Mondays and Significant Faith days should be avoided.
Applications will be handled on a first come, first served basis.

Date _____ Member's Signature _____

February 3, 2012