

Office of Staff Development
MONTGOMERY COUNTY PUBLIC SCHOOLS
Germantown, Maryland 20874

REGISTRATION FOR SUPPORT STAFF
IN-SERVICE TRAINING

(Do not use this form for teacher or administrative training.)

INSTRUCTIONS: Complete duplicate form for each program. Signatures of employee and principal or supervisor are required (see below). You will be notified of acceptance or denial into this training program.

PART I: TO BE COMPLETED BY APPLICANT – PLEASE PRINT

Name (print your legal name) _____
Last *First* *Middle*

Social Security Number _____-_____-_____ School/Department/Division _____
(Identify location NAME, not number.)

Job/position _____ Work phone _____-_____-_____ Home phone _____-_____-_____

Requested program _____ Section no. _____

Class date(s) _____ Time _____ Class location _____

Signature, Applicant _____ /_____/_____
Date

PART II: TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR

Check one: This program is related to employee's assignment
 This program is not related to employee's assignment

Check one: I recommend enrollment
 I do not recommend enrollment

Signature, Principal/Supervisor _____ /_____/_____
Date