

SFSD Alternative Act 48 Activity

Name _____

Subject taught or Grade Level _____

Activity _____

Credits _____ or Hours _____

Organization awarding credits or hours:

College/University _____

School or Intermediate Unit _____

Other Organization _____

Dates of In-Service

Date: _____ Time: _____

Date: _____ Time: _____

Estimated Cost

Transportation (.405 mile/200 mile maximum) _____

Registration _____

Other (explain) _____

Attach: Documentation (i.e. grades, verification of completion, etc.) and Evaluation of program or activity.

Pre-Approval (Minimum one month prior to activity)

Building Principal Yes No _____ Date _____

Reason _____

Superintendent Yes No _____ Date _____

Reason _____

Board (if necessary) Yes No _____ Date _____

Reason _____

(Revised 6/9/15)