

2015-2016 Flex Day Pre-APPROVAL APPLICATION
DEKALB COUNTY SCHOOLS

Name: _____ School or Location: _____

Date of Application: _____ Date of Activity: _____ Number of Hours: _____

Circle the date (or dates if a multiple day training) you would like to replace if approved.

August 2, 2015

October 14, 2015

May 25, 2016

Proposed Activity: _____

Description of Activity:

Is this an approved activity from Educate Alabama PLP? Yes No

Have you attached copies of your current PLP? Yes No

Activity Approved _____ Activity Denied _____

Signature of Principal _____

Activity Approved _____ Activity Denied _____

Signature of Superintendent _____
(or Designee)

Upon completion of the activity, send a copy of certificate or other proof of attendance to Crystal Webb at clwebb@dekalbk12.org or fax to 256-638-9720.

THIS FORM IS INTENDED FOR OUT OF DISTRICT REQUESTS ONLY. IN ORDER TO RECEIVE A FLEX DAY FOR A DEKALB COUNTY SCHOOLS SUMMER TRAINING, YOU SHOULD REGISTER ON STIPD, SIGN THE APPROPRIATE SIGN-IN SHEET, AND MARK THE DESIRED FLEX DAY.