



HOSPITAL SCHOOLS
3450 EAST TREMONT AVENUE, BRONX, NY 10465
PHONE: (718) 794-7260
FAX: (718) 794-7263



Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

Request to Attend a Workshop

Name: _____

Site: _____

Title/Core Area : _____

Location: _____

Date: _____ **Time:** _____ **Cost: \$** _____

Substitute needed: Yes No **Confirmed: Yes No**

I would like to attend the above workshop. I believe that it will be useful in my teaching practice because:

I would be willing to turnkey this information to other colleagues. YES NO

Please call Dorothy DiRusso the day before each workshop to confirm attendance.

Approved: _____

Supervisor signature

TO BE COMPLETED BY THE WORKSHOP PRESENTER

The following staff member _____ **attended the above workshop.**

Signature of Workshop Presenter

Date

Please fax to the attention of your supervisor 718-794-7263