



South Cook Intermediate Service Center

253 W. Joe Orr Road * Chicago Heights, IL 60411
 Office: 708-754-6600 * Fax: 708-754-8687
 www.s-cook.org
 TI-4

APPLICATION FOR APPROVAL OF PARENTAL INSTITUTE

Email completed form to: institute@s-cook.org or Fax to: (708) 754-8687

DISTRICT NAME: _____

DISTRICT NUMBER: _____

NO. OF PARTICIPANTS: _____

DATE OF INSTITUTE (mm/dd/yy): _____

TO BE HELD AT: _____

No district may utilize teachers' institute days without the consent of the District's Inservice Planning Committee (Chap. 122 10-22.18). Please have the District Planning Committee member signify approval

Approval:

_____ District Planning Committee Member

_____ Date

TEACHERS – 50%	ADMINISTRATION – 25%	SCHOOL SERVICE PERSONNEL – 25%

THEME OF DISTRICT INSTITUTE: _____

INSTITUTE DAY OBJECTIVE(S): _____

APPROVAL RECOMMENDED: _____

Chairperson of Planning Committee

_____ Date

APPROVAL RECOMMENDED: _____

District Superintendent

_____ Date