



WEST BRANCH AREA SCHOOL DISTRICT

Conference/Workshop/Visitation Application

Name _____ Date _____

Name of Conference/Workshop _____

Location _____ Date _____

*Provider of Workshop _____

Check One:

- Teacher Requested Professional Activity Administrative Assigned Professional Activity

Professional Growth To Be Gained (Check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Classroom Management/Instruction | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Assessment and/or PSSA | <input type="checkbox"/> Data Interpretation/Analysis |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Grants | <input type="checkbox"/> Other _____ |

State specific purpose of conference to address professional growth area circled above.

Upon completion of conference, please submit a copy of the session agenda with your Expense Voucher.

Funding Source:	
<input type="checkbox"/> TITLE I	
<input type="checkbox"/> TITLE II	
<input type="checkbox"/> GRANT - _____	
<input type="checkbox"/> OTHER - _____	
Transportation	
School Vehicle Used	YES___ NO___
If no, give reason _____	
Personal Vehicle Used	YES___ NO___
Reimbursement (Mileage)	Requested
	YES___ NO___
Travel Accompaniment	
Self only	_____
Other staff attending same conference:	
1. _____	2. _____
	3. _____

Registration Fee	_____
Motel	_____
	(# of days x daily rate)
Meals	_____
	(Approx. # and cost)
Mileage	_____
	(# of miles x \$0.58)
Materials	_____
Sub Cost	_____
	(# days x \$85.00)
Other	_____
TOTAL COST	_____

Principal/Supervisor Signature _____ Date _____

Superintendent Signature _____ Date _____

Request for Leave:
<input type="checkbox"/> Entered into SAMS
Date: _____

NOTE: Application and all registration forms must be completed and attached before submitting to principal for approval. Forms must be filed before Board meeting agenda deadline.