



**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.

<p><b>Funding Source:</b></p> <p><input type="checkbox"/> TITLE I</p> <p><input type="checkbox"/> TITLE II</p> <p><input type="checkbox"/> GRANT - _____</p> <p><input type="checkbox"/> OTHER - _____</p> <p><b>Transportation</b></p> <p>School Vehicle Used      YES___ NO___</p> <p>If no, give reason _____</p> <p>Personal Vehicle Used      YES___ NO___</p> <p>Reimbursement (Mileage)</p> <p>Requested      YES___ NO___</p> <p><b>Travel Accompaniment</b></p> <p>Self only _____</p> <p>Other staff attending same conference:</p> <p>1. _____ 2. _____ 3. _____</p>	<p>Registration Fee _____</p> <p>Motel _____</p> <p>(# of days x daily rate)</p> <p>Meals _____</p> <p>(Approx. # and cost)</p> <p>Mileage _____</p> <p>(# of miles x . 0.535)</p> <p>Materials _____</p> <p>Sub Cost _____</p> <p>(# days x \$85.00)</p> <p>Other _____</p> <p><b>TOTAL COST</b> _____</p>
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Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Request for Leave:**

☐ 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.