



# 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.**

|                                        |              |
|----------------------------------------|--------------|
| <b>Funding Source:</b>                 |              |
| <input type="checkbox"/> TITLE I       |              |
| <input type="checkbox"/> TITLE II      |              |
| <input type="checkbox"/> GRANT - _____ |              |
| <input type="checkbox"/> OTHER - _____ |              |
| <b>Transportation</b>                  |              |
| School Vehicle Used                    | YES___ NO___ |
| If no, give reason _____               |              |
| Personal Vehicle Used                  | YES___ NO___ |
| Reimbursement (Mileage)                | Requested    |
|                                        | YES___ NO___ |
| <b>Travel Accompaniment</b>            |              |
| 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 \$0.575)   |       |
| Materials                | _____ |
| Sub Cost                 | _____ |
| (# days x \$85.00)       |       |
| Other                    | _____ |
| <b>TOTAL COST</b>        | _____ |

\_\_\_\_\_  
Principal/Supervisor Signature      Date

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

|                                            |
|--------------------------------------------|
| <b>Request for Leave:</b>                  |
| <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.