



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):

- Special Education
- Classroom Management/Instruction
- Curriculum
- Administrative
- Assessment and/or PSSA
- Data Interpretation/Analysis
- Technology
- Grants
- 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><u>Funding Source:</u></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><u>Transportation</u></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><u>Travel Accompaniment</u></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 style="padding-left: 40px;">(# of days x daily rate)</p> <p>Meals _____</p> <p style="padding-left: 40px;">(Approx. # and cost)</p> <p>Mileage _____</p> <p style="padding-left: 40px;">(# of miles x . 0.625)</p> <p>Materials _____</p> <p>Sub Cost _____</p> <p style="padding-left: 40px;">(# days x \$110.00)</p> <p>Other _____</p> <p>TOTAL COST _____</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.