 **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.**

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| **Funding Source:**  □ TITLE I  □ TITLE II  □ GRANT - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ 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 .0.655)  Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Sub Cost\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (# days x $110.00)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **TOTAL COST** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Request for Leave:**  □ Entered into SAMS      Date: \_\_\_\_\_\_\_\_\_\_\_\_ |

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Superintendent Signature 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.**

# APPENDIX E2

**West Branch Area School District -** REVISED: 6/28/22 (SMG)