 **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)