



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.

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 .67)

Materials _____

Sub Cost _____
 (# days x \$110.00)

Other _____

TOTAL COST _____

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.