



**APPLICATION FOR ATTENDANCE AT CONFERENCE / WORKSHOP (In-State)**

**(All Conference/Request Forms Must be received 30 days prior to workshop, Incomplete forms will be returned.)**

**A-5 Requirement:** A brief workshop summary must be submitted to your principal/ and the Superintendent’s office within **5 days of** conference/workshop/meeting attendance.

Name: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

LOCATION: \_\_\_\_\_ SUB \_\_\_\_\_ FULL DAY \_\_\_\_\_ HALF DAY \_\_\_\_\_

**1. Conference/Workshop Title/ Location (Please attach appropriate information, i.e. flyers, brochure, etc.)**

\_\_\_\_\_

2. Date of Conference/Workshop: \_\_\_\_\_ City, State \_\_\_\_\_

**3. Justification: How will this improve your performance towards accelerated student learning.**

\_\_\_\_\_  
\_\_\_\_\_

**4. Fees Requested (fill out completely)**

**4b. Funding Source / Account Number(s)**

Registration:	
Travel (per A5 Guidelines):	
Food (per A5 Guidelines):	
Lodging (per A5 Guidelines):	
Other:	
Max. Exp. Requested: (Max. Exp. Total for all items above)	

Staff Member’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ADMINISTRATIVE STAFF MUST PROVIDE SIGNATURE OF APPROVAL AND ACCOUNT NUMBERS)

\_\_\_\_\_ **Approved**    \_\_\_\_\_ **Not Approved**    **Comment(s):** \_\_\_\_\_

Superintendent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **Approved**    \_\_\_\_\_ **Not Approved**    **Comment(s):** \_\_\_\_\_