

WINDHAM SCHOOL DISTRICT  
APPLICATION FOR CONFERENCE ATTENDANCE

NAME \_\_\_\_\_ UNIT \_\_\_\_\_ DATE \_\_\_\_\_

I request permission to attend the following conference:

Name of Conference \_\_\_\_\_

Note: Please do not use an acronym or other abbreviated identification. Give complete name of conference and attach literature and/or letters concerning the conference.

Dates of Conference \_\_\_\_\_

Additional Dates for Travel Requested \_\_\_\_\_

Location of Conference \_\_\_\_\_

My reason for desiring to attend this conference is:

Please write **Yes** or **No** to the following statements in the space provided:

\_\_\_ I have been invited to be on the official conference program with the responsibility of making a presentation.

I am requesting work at this conference to be credited as an equivalency toward the professional growth requirement stipulated by the Southern Association of Colleges and Schools. (If yes, attach equivalency approval as specified in policy 7.17.)

\_\_\_ I am requesting that my expenses to this conference be paid by Windham School District.

\_\_\_ I will pay my own expenses for conference attendance, including transportation, if time for conference attendance is provided by the school district.

\_\_\_ All or part of my expenses are being paid by another agency. (If yes, attach an explanation.)

Name and date of last conference attended representing Windham Schools \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Principal or  
Immediate Supervisor

Date

Approved  Disapproved

Approved with:

\_\_\_\_\_ Expenses Paid by Windham

\_\_\_\_\_ No Expenses Paid

Disapproved

\_\_\_\_\_  
Applicant's Instructional  
Officer or Department Head

Date

Approved  Disapproved