

Wellsboro Area School District  
227 Nichols Street  
Wellsboro, PA 16901

**Request to Attend Conference / Meeting**

**THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.**

Individual Attending Laura Kozuhowski  
Name of Conference Red Flag Issues  
Location of Conference Mansfield University  
Date(s) Oct. 8th, Nov., Feb., March 24 Days of Week none...all on Tuesday nights

Are you an active member of the organization sponsoring this event? ☐ Yes ☒ No

Is this conference directly related to a classroom assignment? ☐ Yes ☒ No

Purpose of conference:

To be proactive instead of reactive in various situations involving students and daily school days.

Number of school days absent for conference/meeting: 0

Total number of days requested for conference/meeting: 0 (include travel time)

Estimated time of departure: 4pm

Estimated time of return: 6pm

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$0.00  
Lodging: \$0.00  
Meals: \$0.00  
Registration: \$40.00  
Other: \$0.00  
Total Estimated Expenditures: \$40.00

**SUBSTITUTE NEEDED:**

☐ Yes (# of Days) \_\_\_\_\_  
☐ No

**All receipts must be itemized.  
Tips are not reimbursable.**

Submitted by: Laura Kozuhowski

Date: 7-Oct-19

Recommended to Superintendent: ☒ Yes ☐ No

Account # 2271. 360. 800

Account # 2271. 581. 800

Principal Signature

Amount/% 40.00

Amount/% \_\_\_\_\_

Recommended to School Board for Approval:

Dr Brenda M. J. Neer  
Superintendent Signature

Date Approved by School Board: \_\_\_\_\_

Distribution: ☐ Original - District Office

☐ Copy 1 - Teacher

☐ Copy 2 - Building Office

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**THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.**

Individual Attending Sherry Hazelton-Mohr  
Name of Conference M.U. Mental Health in Schools Workshop Series  
Location of Conference Mansfield University  
Date(s) 10/8, 11/5, 2/18, 3/24 Days of Week Tuesdays

Are you an active member of the organization sponsoring this event? ☐ Yes ☒ No

Is this conference directly related to a classroom assignment? ☐ Yes ☒ No

Purpose of conference:

To better understand our students' mental health concerns so that we can better support them in the school environment.

Number of school days absent for conference/meeting: N/A after school  
Total number of days requested for conference/meeting: N/A after school (include travel time)

Estimated time of departure: 3:30pm  
Estimated time of return: 6:00pm

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$0.00  
Lodging: \$0.00  
Meals: \$0.00  
Registration: \$40.00  
Other: \$0.00  
**Total Estimated Expenditures: \$40.00**

**SUBSTITUTE NEEDED:**

☐ Yes (# of Days) \_\_\_\_\_  
☒ No

**All receipts must be itemized.  
Tips are not reimbursable.**

Submitted by: [Signature] Date: 10/7/19

Recommended to Superintendent: ☒ Yes ☐ No [Signature] 10/7/19

Principal Signature

Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

Recommended to School Board for Approval: [Signature]  
Superintendent Signature

Date Approved by School Board: \_\_\_\_\_

Distribution: ☐ Original - District Office ☐ Copy 1 - Teacher ☐ Copy 2 - Building Office