## 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 Elizabeth BARNHART  Name of Conference PDE Conference - MAKING A Diff                | Were Educational Practices that I |
|   |                                   |
| Location of Conference $\frac{116(\text{Shey Lodge} + \text{Convention C})}{2(9-3)(9-3)(1)}$ Days of Week | Mm, Tues lueds                    |
|   | Min, wes was                      |
| Are you an active member of the organization sponsoring this event?                                       | O Yes • No                        |
| Is this conference directly related to a classroom assignment?  | O Yes • No                        |
| Purpose of conference:  |                                   |
| To provide opdates on new special education of Parent Engage  | When is the instructional         |
| Number of school days absent for conference/meeting:  |                                   |
| Total number of days requested for conference/meeting:  | (include travel time)             |
| Estimated time of departure:  |                                   |
| Estimated time of return:   |                                   |
| COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:   | SUBSTITUTE NEEDED:                |
| Travel: <u>224</u>  | O Yes (# of Days)                 |
| Lodging: 270  | O No                              |
| Meals: / O O  |                                   |
| Registration: $195$   |                                   |
| Other:  | All receipts must be itemized.    |
| Total Estimated Expenditures: 789.00 \$0.00   | Tips are not reimbursable.        |
| Submitted by: Bambae, Ed.D.   | Date: 1/6/2020                    |
| Recommended to Superintendent: O Yes O No   |                                   |
|   | Principal Signature               |
| Account #   | Amount/%                          |
| Account #   | Amount/%                          |
| Recommended to School Board for Approval: Recommended to School Board for Approval:                       | Jalen Superintendent Signature    |
| Date Approved by School Board:  |                                   |