

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 Shannon Tice  
Name of Conference Emotional Behavior Intensive Skills Trainings - IU 17  
Location of Conference Canton, PA  
Date(s) March 20-22 Days of Week Wednesday - Friday

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 learn how to help students with emotional and behavioral struggles in my classroom.

Number of school days absent for conference/meeting: 3  
Total number of days requested for conference/meeting: 3 (include travel time)  
Estimated time of departure: 7:00  
Estimated time of return: 4:00

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

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

**SUBSTITUTE NEEDED:**  
 Yes (# of Days) 3  
 No

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

Submitted by: Shannon Tice Date: 11/8/23

Recommended to Superintendent:  Yes  No [Signature]  
Principal Signature  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

Recommended to School Board for Approval: \_\_\_\_\_  
Superintendent Signature

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

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