FERNDALE AREA SCHOOL DISTRICT
CONFERENCE/WORKSHOP REQUEST FORM

Name: _____ **Date:** _____

Department/Grade: _____ **Building:** _____

Name of Conference/Workshop:

_____

How will you benefit professionally by attending this conference?

_____

_____

How is this conference connected to district initiatives, programs, and instruction?

_____

_____

How will you share what you have learned?

_____

_____

Location: _____

Dates of Conference/Workshop: _____

Substitute Needed: ☐ Yes ☐ No **Number of Days for Substitute:** _____

Estimated Expenses

Registration: _____

Lodging: _____

Meals: _____

Mileage: (.76) _____

Tolls: _____

Substitute: _____

Total Cost: _____

Expenses Paid By

☐ District Funds

☐ Grant Funds

☐ Other

_____
Name of Fund

_____
Other

***Must attach any supporting documentation concerning the conference/workshop, e.g. tentative agenda, presenter, etc.*

Upon approval, you are responsible for registering.

☐ Approved
☐ Not Approved

_____ _____
Principal *Date*

☐ Approved
☐ Not Approved

_____ _____
Superintendent *Date*

Date of Board Action: _____ ☐ Approved ☐ Not Approved

***Incomplete forms will not be processed and will be returned to the building principal.*