Schuylkill Haven Area School District
Conference/Workshop Request

_____	HS / MS / EC	_____
Teacher	*Building*	*Date Submitted*

Conference/Workshop: _____

Educational Focus: _____

Location: _____

Dates: _____ Total No. of Days: _____

Estimated Cost:		
	Registration	$_____
	Lodging	$_____
	Meals	$_____
	Transportation	$_____
	Substitute	$_____
		==========
	Total	$_____

- Do you want the District Office to register you for this Conference? YES / NO
  Please enclose a copy of completed registration form.
- Is this request funded by a grant? YES / NO If yes, which grant? _____
- If Act 48 hours is applicable, forward to Stacy Lutz – District Office.
- List the benefits you expect to gain for yourself and/or the School District:

_____

_____

Office Use Only

Previous Conferences this Year Dates No. of Days

_____

_____

cc: District Office
Personnel File
Principal
Requestor

Are there any schedule conflicts? YES / NO If yes, list below:

_____

Other implications: _____

_____

_____ Recommended _____ Approved
_____ Not Recommended _____ Not Approved

_____	_____	_____	_____
Principal	*Date*	*Superintendent*	*Date*