

## LHSD OUT-OF-STATE CONFERENCE: REQUEST FORM

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Principal's Name: \_\_\_\_\_

Date submitted: \_\_\_\_\_

A. Name/s of Employees requesting conference approval: (also include their instructional position)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

B. Name of Conference:

\_\_\_\_\_

C. Location of Conference:

\_\_\_\_\_

D. Date/s of conference: (include pre-conference if applicable)(How many instructional days missed?)

\_\_\_\_\_

E. How will this conference be funded?

\_\_\_\_\_

F. Please state the action from the ACSIP plan that relates to this conference training. (On back of sheet)

G. How, when and to whom will participants share information learned from the conference? (On back of sheet)

**\*\*\*\*Please attach a list of expected expenses (excluding food).**

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Signature of <b>Principal's</b> approval: _____	Date: _____
Signature of <b>Superintendent's</b> approval: _____	Date: _____

\*\*\*\*\*NOTE: After Principal approves the request, the principal will submit the request to the Superintendent 30 days prior to the conference date.