Instructions for Conference Request Form

Immediately click file>save as and save the file with a name that relates to the conference you wish to attend. It is suggested that you save the file in a folder in your documents named for conference requests. By saving this way the form in the resources file will not be left filled with your conference information.

Complete all sections of the request form. You can move from one blank to the next by using the tab key, the arrow keys, or by clicking on the space with the mouse. Some blanks have drop down boxes and those are accessed by clicking on the arrow to the right of the space. When you are finished with the form, it should be submitted to your building administrator electronically. The administrator will approve or disapprove the conference. Two copies of the approved conference forms will be signed and sent to the central office for the superintendent and the board to approve. Once approval has been made an electronic copy of the approved request will be sent back to the building administrator and the person(s) that requested the conference leave via email. **Request forms must be in the central office at least 3 days prior to a School Board meeting.**

MADISON-GRANT UNITED SCHOOL CORPORATION

Professional Development Conference Request Form

| To: Superintendent of Schools | | | |
|---|---------------------------|--|---------------------|
| From: | | School: | |
| Date: | Teaching Subject | or area of Responsibility: | |
| I am interested in attending the f | ollowing professional c | onference: | |
| Conference to be attended | əd: | | |
| — Location of Conference: | | | |
| — Date(s) Involved: | | | |
| — Will a substitute be neede | ∋d? | (Explain if necessary) | |
| | | | |
| — Is there a registration fee | ? | Estimated Cost | |
| — Is lodging required? | | | |
| — Is the school van availa | ble? Dat | e(s) School Van is reserved for: | |
| — Mileage Estimate if van isn't available | | Estimated Cost | (0.54 cents/mile) |
| — Total Estimate of Confere | ence | | |
| (Include or duplicate any | literature explaining the | e conference) | |
| Teachers: Please submit | this request form to you | ur building administrator. | |
| Administrators: Please sign an | d send to the Central C | Office. Once the conference request | is approved, a copy |
| will be sent back to you. It is you | | • | |
| - | •• • | e Superintendent prior to confere east three school days prior to the | |
| | | | |
| Principal's Signature | Date | Teacher's Signature | |
| | | | Approved |
| Superintendent's Signature | Date | | |
| | | | Not Approved |
| | | | |

Account Number: _____