

EAST TALLAHATCHIE SCHOOL DISTRICT
WORKSHOP/CONFERENCE APPROVAL FORM
SCHOOL YEAR 2025-2026

Name: _____

Date(s) of Meeting: _____ Location: _____

Title and Description of Meeting: _____

Learning Objective Addressed: _____

Personal Growth Objective Addressed: _____

Registration: _____ Lodging Cost: _____

Meals: _____ Mileage: _____ Miles @ .725per Mile = \$ _____

Cost for Substitute Teacher: _____

Agency (Fund) Responsible for Costs: _____

(Agency responsible should be completed by the school site administrator and signed below by the program director.)

*****I understand that permission to travel is not granted until I have in my possession a copy of an approved Form 202. I further understand that travel is limited to two trips per year unless specifically designated by the Superintendent. If approved for this travel I agree to provide a brief presentation to the staff of my school or district during the next faculty meeting in order to share the related information I gained from this travel. The district shall not be held financially responsible for travel outside of these guidelines.***

Teacher's Signature

Approval _____ Non-Approval _____

Code: _____

Signature/Program or Grant Director

Approval _____ Non-Approval _____

Signature/Building Principal

Approval _____ Non-Approval _____

Signature/Professional Development
Coordinator

Approval _____ Non-Approval _____

Signature/Superintendent

The principal, teacher, and the professional development coordinator will keep a copy of this form. A copy must be attached to your travel voucher when it is submitted for payment.

X