

# East Tallahatchie School District

## WORKSHOP/CONFERENCE APPROVAL FORM

### SCHOOL YEAR 2024-2025

Name: \_\_\_\_\_

Date(s) of Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Title and Description of Meeting: \_\_\_\_\_

Learning Objective Addressed: \_\_\_\_\_

Personal Growth Objective Addressed: \_\_\_\_\_

Registration: \_\_\_\_\_ Lodging Cost: \_\_\_\_\_

Meals: \_\_\_\_\_ Mileage: \_\_\_\_\_ Miles @ .70 per 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.*