



El Monte Union High School District Request to Attend Conference

Board Approval Date: _____ Item #: _____

INSTRUCTIONS:

1. Complete all parts of this form and send to the Research and Curriculum Office at least two weeks before the Board meeting scheduled prior to the activity. All conferences submitted should be in alignment with the LEA plan.
2. A memorandum of rationale, signed by the Principal, is required if this request requires ratification (not being submitted prior to the activity) or is for out-of-state travel.
3. For further information, refer to Board Policy 3350 or Adm. Reg. 3350.

CONVENTION/CONFERENCE/ACTIVITY

1. Name of Conference: _____
2. Location: _____ Date(s): _____
(City) (State)
3. Purpose of Conference: _____
4. Created/Requested By: _____ Date Created: _____
5. Approved By:

_____ / _____ Department Chair Date	_____ / _____ Resource Teacher or Asst. Princ. Date
_____ / _____ Assistant Principal of Instruction Date	_____ / _____ Principal Date

PERSON(S) TO BE AUTHORIZED: Enter complete list of names on next page of form.

COST (ESTIMATED) AND FUNDING

Registration	_____ persons @ \$ _____	= \$ _____
Transportation	_____ persons @ \$ _____	= \$ _____
Lodging	_____ persons @ \$ _____	= \$ _____
Meals	_____ persons @ \$ _____	= \$ _____
Substitutes	_____ persons @ \$ _____	= \$ _____
Other	_____	= \$ _____
TOTAL		\$ _____

Fund	Resource	Goal	Function	Object	Location	Sublocation	Amount
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DISTRICT OFFICE USE ONLY

	Signature	Approved	Denied	Date
Program Director	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asst. Superintendent	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Superintendent*	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

*Superintendent must sign if out-of-state.

Name of Conference: _____

Date(s) of Conference: _____

PERSON(S) TO BE AUTHORIZED

1. Name as it appears on Payroll
2. Location of assignment
3. Position/title
4. Number of Substitutes Needed

(1) Name (Please Alphabetize)	(2) Site	(3) Position/Title	(4) Number of Substitutes

RATIONALE

1. How will attendance provide in-service training not available in the District?

2. Which school or District priority goals does this activity meet?

3. How will information from this conference be disseminated to other staff members?

<u>DISTRICT OFFICE USE ONLY</u>		
Date Received: _____	Date Input: _____	Input By: _____
Research & Curriculum Office		