

**MIDLAND SCHOOL  
WORKSHOP/CONFERENCE REQUEST**

Name \_\_\_\_\_ Grade and/or subject \_\_\_\_\_

Date(s) of workshop or conference \_\_\_\_\_

Substitute needed: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Full Day \_\_\_\_\_ Partial Day \_\_\_\_\_  
(exact time)

Name of conference/workshop, etc.: \_\_\_\_\_

Location: \_\_\_\_\_

Cost(s):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses:	\$ _____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Request

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Curriculum and Instruction

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Attach a copy of workshop or conference description. If request is approved, please submit a written report to the Superintendent/Principal after attendance at the conference or workshop.

Submit 3 copies of this form and the conference description to the Principal for approval. Requests must be received before the last Monday of the month preceding the date of the conference or workshop. Board of Education approval is required. Requests must be received before the last Monday of the month preceding the date of the workshop or conference.