

JOHNSTON CITY COMMUNITY UNIT SCHOOL DISTRICT NO.1  
Johnston City, Illinois

**APPLICATION FOR ATTENDANCE AT PROFESSIONAL MEETINGS**

Staff members who want to attend professional conferences are to complete this form and present it to their building principal at least two weeks before the meeting. The form will be returned when acted upon.

DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MEETING \_\_\_\_\_

PLACE \_\_\_\_\_ DATE \_\_\_\_\_

WILL A SUBSTITUTE TEACHER BE REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATED EXPENSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPENSE ALLOWANCE FROM OTHER ORGANIZATIONS, IF ANY:

\_\_\_\_\_

PURPOSE: (Please indicate the general purpose of the meeting and your particular reasons for attending.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

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APPROVED DATE \_\_\_\_\_

REJECTED DATE \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_

APPROVED DATE \_\_\_\_\_

REJECTED DATE \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_