

SHARON J11 SCHOOL DISTRICT

Preapproval Request For Conference Attendance

I am requesting approval of the following conference for reimbursement.

1. Name: _____
2. Grade/Subject: _____
3. Date Conference Begins: _____ Ends: _____
4. Location of Conference: _____
5. Cost to District: _____

Attach a copy of the Conference Description.

Comments: _____

☐ Approved

Date: _____

☐ Not approved

District Administrator

No reimbursement will be granted without prior approval.