

**MSAD 8 Vinalhaven School  
22 Arcola Ln  
Vinalhaven, ME 04863**

<b>Name:</b>		<b>Date:</b>	
<b>Conference/Workshop Request</b>		<b>Course Approval Request</b>	
Please remember to complete the additional information at the bottom of this form. When complete bring this form to the principal.		All courses for reimbursement need the prior notice to and approval of the Superintendent. Article V "C". Proof of satisfactory completion of course transcript(s) required and payment must be submitted to the Superintendent. Article V "D". Courses may be prepaid following these guidelines.	
Topic:		College or University Name:	
Dates:		Course Title(s):	
Location:		College Campus	or                      Online
# School Days Absent:	Graduate:	(   )	Undergraduate:                      (   )
# Days Substitute Required:	Dates:		Credits:
Preferred Substitute:		Expenses:	
Expenses:		Tuition (for each Course):	\$
Registration Fee:	\$		\$
Travel:	\$		\$
Meals & Lodging:	\$	Total:	\$
Total Cost:	\$	Notes:	
Source of Funding:		Staff Signature:	
Staff Signature:		Staff Signature:	
<b>BRING THIS FORM TO PRINCIPAL</b>			
Approved		Not Approved	
(   )		(   )	
Principal's Signature:		Date:	Principal's Signature:
Superintendent's Signature:		Date:	Superintendent's Signature:
<b><i>Conference Request Additional Information</i></b>			
Full Title of Conference:			
Conference Sponsor:		Source of Funding:	
How does this event align with the <i>Vinalhaven School Professional Development Plan</i> ?			
How will this conference assist you professionally?			
How will you share the information you gain at this event with the rest of the staff/students?			