



**RIVER
FOREST
PUBLIC
SCHOOLS**

**Administration Building
7776 Lake Street
River Forest, Illinois
60305
708 • 771 • 8282
Fax 708 • 771 • 8291**

CONFERENCE OR WORKSHOP ATTENDANCE REQUEST

Applicant's Name _____ Building _____

Conference/Workshop Title _____

Location _____

Date (s) of Conference _____

Please consider your application in terms of value not only to you but also to the District or school, and respond to items listed below:

1. Need – What specific need(s) does the District or your building have that would warrant approval of this request?

2. Objective – What are the specific objectives that you hope to achieve by attending this conference/workshop?

3. Evaluation – How do you plan to evaluate the conference/workshop? How will you disseminate information on the conference/workshop?

Estimated Costs: Registration _____ Other _____

Substitute: Needed _____ Not Needed _____
School & Grade _____

Registration Form: I will send _____ Please send attached _____

Applicant's Signature _____ Date _____

**AFTER APPROVAL IS GRANTED,
APPLICANT IS RESPONSIBLE FOR NOTIFYING THE SUBSTITUTE CALLER.**

Principal's Approval _____ Disapproval _____ Signature _____

Superintendent's Approval _____ Disapproval _____

Signature _____ Date _____

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