

ATTACH REGISTRATION FORM IF APPLICABLE SUBMIT  
ONE COPY OF THIS FORM TO YOUR BUILDING PRINCIPAL  
A COPY WILL BE RETURNED TO YOU AFTER APPROVAL

School District of Lomira  
Request to Attend Meeting

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

Person/Persons Attending:

\_\_\_\_\_  
Location

Meeting Description:

\_\_\_\_\_  
Please indicate what Wisconsin Teacher Standards and Student Proficiency Standards will be  
addressed by your attending this meeting:

\_\_\_\_\_  
Number of School Days at Meeting

Cost:	Substitute Teacher	_____
	Fees	_____
	Meals	_____
	Room	_____
	Transportation	_____
	Total Cost	\$0.00

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Date Approved	_____	Date Approved	_____
Date NOT Approved	_____	Date NOT Approved	_____
Principal	_____	Administrator	_____

\*\*\*\*\*

\*\* FOR OFFICE USE ONLY \*\*

Date \_\_\_\_\_ Copy Sent To \_\_\_\_\_

Date \_\_\_\_\_ Registration Sent In \_\_\_\_\_