

(Must be submitted 15 working days prior to registration deadline)

| A. NAME: | Lainey Callahan | | | DATE OF | REQUEST: 1/28/202 | 21 | |
|---|------------------|--|---|--|--|-----------------|--|
| ADDRE | ESS: | | | REGIST | RATION DEADLINE: 2 | 2/12/2021 | |
| CITY, S | TATE ZID. | | | | N/SITE: Student/PRHS | 5 | |
| B. WORK | SHOP DATE(S): 7 | 7/17 - 7/25/2021 | | LOCATIO | DN: UCLA | | |
| | SHOP NAME: Nat | | ······ | Annual and a second | ······································ | | |
| | SHOP REGISTRATI | | | | | | |
| 2. For di 3. Advar | | ch Transportation estimated cost of | on Request (Form flodging & comm | #106). ercial transportation | n exceeds \$50.00. he workshop, the advan | ce will be dec | ducted from your |
| D. COMPL | ETE THIS SECTIO | | | | | | |
| | | YES | NO ON | | | E | STIMATED COSTS |
| | TE REQUIRED | | REGISTR | | | \$ | 3,695.00 |
| DISTRICT | TRANSPORTATIO | N | LODGING | | | \$ | ******* |
| PERSONA | L MILEAGE | | MILEAGE | | miles @ 0.575 | \$ | 0.00 |
| ADVANCE | REQUESTED | | OTHER: | | miles @ 0.575 | - \$ | 0.00 |
| CHARCON SUP T 0% SWP T 0% CTEIG SUPERVISOF | 01 935 01 638 | 58 0 | Obj Goal 5222 (WU), 222 APPRO BHOGET M | $\langle \gamma \rangle$ | 9634 6112 | OFFICER: | 3,695.00 BA |
| E. COMPL | ETE THIS SECTIO | N AFTER WORI | KSHOP. | | ITEMIZE | ED RECEIPTS | MUST BE ATTACHED. |
| DEPARTUR | E DATE: | | REGISTRATION | | | \$ | |
| | TIME: | | LODGING | | | | ······································ |
| RETUR | N DATE: | | TOTAL MEALS (It | emize below) | | | |
| | TIME: | | MILEAGE ACTUA | ····· | miles @ 0.575 | \$ | |
| CLAIM CER | TIFICATION: | | TOTAL OTHER (It | emize below) | | \$ TOTAL \$ | |
| | | | LESS ADVANCE C | HECK: | | \$ | ···· |
| ···· | (YOUR SIGNATURE) | | | BY DISTRICT CRED | IT CARD: | \$ | |
| | | | AMOUNT DUE/ | | | \$ | |
| (BU | DGET MANAGER) | | (If owed, attach ch | neck) | | CHECK # | |
| | IEAL DATA: | | | | | | |
| DATE | BREAKFAST \$10 | LUNCH \$15 | DINNER \$25 | TOTAL | OTHER CHARGE | ES (Parking, Pu | blic Transport, etc.) |
| | | | 1 | | | | |

| DATE | BREAKFAST \$10 | LUNCH \$15 | DINNER \$25 | TOTAL |
|------|----------------|------------|-------------|-------|
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TOTAL MEALS (Enter in claim above) ALCOHOLIC BEVERAGES ARE NOT REIMBURSED. \$_____\$____\$

\$

\$
TOTAL OTHER (Enter above): \$



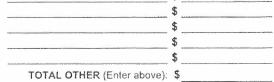
(Must be submitted 15 working days prior to registration deadline)

| A. NAME: Lexi Keller | Ε | DATE OF REQUEST: | 1/28/2021 | |
|--|---|---|--|-------------------------|
| ADDRESS | | REGISTRATION DEAD | | |
| CITY, STATE ZIP: ~ | | POSITION/SITE: Stude | | ······· |
| | | | | |
| B. WORKSHOP DATE(S): 7/17 - 7/25/20 | 21L | OCATION: UCLA | | |
| WORKSHOP NAME: National Youth Le | eadership Forum: Medicine, by | Envision | | |
| WORKSHOP REGISTRATION FORM MU | ST BE COMPLETED & ATTACH | HED TO THIS FORM | | |
| C. 1. For substitute coverage, attach Substit 2. For district transport, attach Transporta 3. Advance allowed only if estimated cosi 4. If you are issued an advance and Sect paycheck. | ation Request (Form #106). t of lodging & commercial trans | | | leducted from your |
| D. COMPLETE THIS SECTION PRIOR TO | WORKSHOP. | | ····· | |
| YES | NO | | | ESTIMATED COSTS |
| SUBSTITUTE REQUIRED | REGISTRATION | *************************************** | | \$3,695.00 |
| DISTRICT TRANSPORTATION | LODGING | | | \$ |
| PERSONAL MILEAGE | MEALS | , | | \$ |
| ADVANCE REQUESTED | MILEAGE: | miles @0 |).575 | \$0.00 |
| | OTHER: | | an des a la construction | \$ |
| CHARGE Fund Resource Yr TO 01 0388 0 01 0163 | Obj Goal Func 5222 (000) 27(0 722 APPROVALS | Site Disc1 031 020 (052 9634 | Disc2 Disc2 Disc2 Disc2 Disc2 Disc2 | \$ |
| | BUDGET MANAGER: | | CHIEF OFFICER: | 13/91 |
| E. COMPLETE THIS SECTION AFTER WO | ORKSHOP. | | ITEMIZED RECEIPT | S MUST BE ATTACHED. |
| DEPARTURE DATE: | REGISTRATION | | | \$ |
| TIME: | LODGING | | | \$ |
| RETURN DATE: | TOTAL MEALS (Itemize belo | w> | | \$ |
| TIME: | MILEAGE ACTUAL: | miles @0 |).575 | \$ |
| | TOTAL OTHER (Itemize belo | w) | | \$ |
| CLAIM CERTIFICATION: | | | TOTAL | \$ |
| | LESS ADVANCE CHECK: | | | \$ |
| (YOUR SIGNATURE) | LESS AMT. PAID BY DISTRI | CT CREDIT CARD: | | \$ |
| | AMOUNT DUE/OWED: | | | \$ |
| (BUDGET MANAGER) | (If owed, attach check) | | CHECH | < # |
| ITEMIZED MEAL DATA: | | | | |
| DATE BREAKFAST \$10 LUNCH \$15 | DINNER \$25 TOT | AL OTHER | CHARGES (Parking, | Public Transport, etc.) |

| DATE | BREAKFAST \$10 | LUNCH \$15 | DINNER \$25 | TOTAL |
|------|----------------|------------|-------------|-------|
| | | | | |
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TOTAL MEALS (Enter in claim above) ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

| OTHER | CHARGES | (raiking, r | uunc | manapon, | erc.) |
|-------|---------|-------------|------|----------|-------|
| | | | \$ | | |
| | | | - | | |



| Student Name: | Lexi | Keller | 1 |
|-----------------|---------|--------|----|
| | | | 86 |
| NYLF Student ID | Number: | | |

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.

| Student Signature: | Jezi Kellin | Date: 1/26/2021 |
|--------------------------|-----------------|-----------------|
| Parent Name (printed): _ | Ellalina Keller | 2 |
| Parent Signature: | All | Date: 1/26/2021 |

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

d June 20-28 3 July 3-11 1 July 17-25 - need this there session because of conflict with college course.



(Must be submitted 15 working days prior to registration deadline)

| A. NAME: Jadyn Lehr | DATE OF REQUEST: 2/9/202 | 1 |
|---|---|--------------------------------------|
| ADDRESS: | REGISTRATION DEADLINE: | 2/12/2021 |
| CITY, STATE ZIP: C | POSITION/SITE: Student/PRH | |
| B. WORKSHOP DATE(S): 7/17 - 7/25/202 | LOCATION: UCLA | |
| WORKSHOP NAME: National Youth Le | adership Forum: Medicine, by Envision | |
| WORKSHOP REGISTRATION FORM MU | ST BE COMPLETED & ATTACHED TO THIS FORM | |
| | | nce will be deducted from your |
| D. COMPLETE THIS SECTION PRIOR TO | WORKSHOP. | |
| YES | NO | ESTIMATED COSTS |
| SUBSTITUTE REQUIRED | REGISTRATION | \$3,695.00 |
| DISTRICT TRANSPORTATION | | \$ |
| PERSONAL MILEAGE | MEALS | \$ |
| ADVANCE REQUESTED | MILEAGE: miles @ 0.575 | \$0.00 |
| | V OTHER: | \$ |
| CHARGE Fund Resource Yr TO 0 9388 0 0 6387 0 SUPERVISOR/PRINCIPAL: | Obj Goal Func Site Disc1 Disc2 5222 UUU 2700 031 QLO QUU 5222 APPROVALS 050 9634 6112 BUDGET MANAGER: | OFFICER: Prof. |
| E. COMPLETE THIS SECTION AFTER WO | RKSHOP. ITEMIZ | ED RECEIPTS MUST BE ATTACHED. |
| DEPARTURE DATE: | REGISTRATION | \$ |
| TIME: | LODGING | |
| RETURN DATE: | TOTAL MEALS (Itemize below) | |
| TIME: | MILEAGE ACTUAL: miles @ 0.575 | \$ |
| | TOTAL OTHER (Itemize below) | \$ |
| CLAIM CERTIFICATION: | | TOTAL \$ |
| | LESS ADVANCE CHECK: | \$ |
| (YOUR SIGNATURE) | LESS AMT. PAID BY DISTRICT CREDIT CARD: | \$ |
| | AMOUNT DUE/OWED: | \$ |
| (BUDGET MANAGER) | (If owed, attach check) | CHECK # |
| ITEMIZED MEAL DATA: | | |
| DATE BREAKFAST \$10 LUNCH \$15 | DINNER \$25 TOTAL OTHER CHARG | ES (Parking, Public Transport, etc.) |

| DATE | BREAKFAST \$10 | LUNCH \$15 | DINNER \$25 | TOTAL |
|---|----------------|------------------------|-------------|-------|
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| AND DESCRIPTION OF MANY OF THE DESCRIPTION OF THE | | THE REAL PROPERTY OF A | | |

ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

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|----------------------------|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL OTHER (Enter above): | \$ |

IN TOUL

Student Name: JAOYN LEHR

NYLF Student ID Number:

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

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- July 3-11
- July 17-25

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| Date: 1/28/2021 |
|--|
| |
| Date: 128/2021 |
| A REAL PROPERTY AND A REAL |

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

3 June 20-28

2 July 3-11

1 July 17-25



(Must be submitted 15 working days prior to registration deadline)

| A. NAME: Zoey Manninger | | DATE OF REQUEST | 1/28/2021 | | |
|--|---|-----------------------------|---------------------------------|-------------------|----------------|
| | · · · · · · · · · · · · · · · · · · · | | | 12/2021 | |
| | | POSITION/SITE: Student/PRHS | | | |
| B. WORKSHOP DATE(S): 7/3 - 7/11/20 | | LOCATION: UCLA | | | |
| WORKSHOP NAME: National Youth | Leadership Forum: Medicine, | by Envision | | | |
| WORKSHOP REGISTRATION FORM | IUST BE COMPLETED & ATTA | CHED TO THIS FORM | | | |
| C. 1. For substitute coverage, attach Subs 2. For district transport, attach Transport 3. Advance allowed only if estimated co 4. If you are issued an advance and Se paycheck. | rtation Request (Form #106). ost of lodging & commercial tra | | | e will be deducte | d from your |
| D. COMPLETE THIS SECTION PRIOR T | | | | | |
| | | | | ESTIN | MATED COSTS |
| SUBSTITUTE REQUIRED | REGISTRATION LODGING | septembre i de la falancia | | \$ | 3,595.00 |
| DISTRICT TRANSPORTATION | MEALS | | | | <u> </u> |
| PERSONAL MILEAGE | MILEAGE: | miles @ | 0.575 | | 0.00 |
| ADVANCE REQUESTED | OTHER: | | | \$ | |
| CHARGE Fund Resource Yr TO 0 9388 0 01 637 0 SUPERVISOR/PRINCIPAL | Obj Goal Fur 5722 (1)20 2.70 5722 APPROVALS BUDGET MANAGER | 2 231 222 | Disc2 ORD GT12 CHIEF C | Q | 3,595.00 |
| E. COMPLETE THIS SECTION AFTER V | VORKSHOP. | | ITEMIZED | RECEIPTS MUS | T BE ATTACHED. |
| DEPARTURE DATE: | REGISTRATION | | | \$ | |
| TIME: | LODGING | | | | |
| RETURN DATE: | TOTAL MEALS (Itemize be | elow) | | | |
| TIME: | MILEAGE ACTUAL: | miles @ | 0.575 | | |
| | TOTAL OTHER (Itemize be | elow) | | \$ | |
| CLAIM CERTIFICATION: | | | | TOTAL \$ | |
| | LESS ADVANCE CHECK: | | | \$ | |
| (YOUR SIGNATURE) | LESS AMT. PAID BY DIST | RICT CREDIT CARD: | | \$ | |
| | AMOUNT_DUE/OWED: | | | \$ | |
| (BUDGET MANAGER) | (If owed, attach check) | | | CHECK # | |
| ITEMIZED MEAL DATA: | | | | | **** |
| | | | | Dorking Duble T | rannort etc.) |

| DATE | BREAKFAST \$10 | LUNCH \$15 | DINNER \$25 | TOTAL |
|------|----------------|------------|-------------|---------------------------------------|
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TOTAL MEALS (Enter in claim above) ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

| OTHER CHARGES (Faiking | g, rubic transport, etc.) |
|------------------------|---------------------------|
| | \$ |
| | \$ |
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TOTAL OTHER (Enter above): \$

Student Name: ZOEY Manninger

NYLF Student ID Number: ______

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

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| | Date: 12621 |
|--|---------------|
| Parent Name (printed): <u>Jeannine Manninger</u> | |
| Parent Signature: Amanningu | Date: 1/26/21 |

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

<u>2</u> June 20-28

_____ July 3-11

3 July 17-25

Scanned with CamScanner



(Must be submitted 15 working days prior to registration deadline)

| A. NAME: Lilijane Montoya | | DATE OF REQUEST: 1/28/2021 | | |
|--|---|--|--------------|---------------------|
| ADDRESS. | | REGISTRATION DEADLINE: 2/ | 12/2021 | |
| CITY, STATE ZIP: | | POSITION/SITE: Student/PRHS | | |
| B. WORKSHOP DATE(S): 6/20 - 6/28/20 | 021 | LOCATION: UCLA | | |
| WORKSHOP NAME: National Youth L | eadership Forum: Medicine, | by Envision | | |
| WORKSHOP REGISTRATION FORM MU | JST BE COMPLETED & ATTA | CHED TO THIS FORM | | |
| C. 1. For substitute coverage, attach Subst 2. For district transport, attach Transport 3. Advance allowed only if estimated cost 4. If you are issued an advance and Secondary paycheck. | ation Request (Form #106). st of lodging & commercial tra | ansportation exceeds \$50.00. r attending the workshop, the advance | e will be de | educted from your |
| D. COMPLETE THIS SECTION PRIOR TO | WORKSHOP. | | | |
| YES | NO | | | ESTIMATED COSTS |
| SUBSTITUTE REQUIRED | REGISTRATION | | | \$3,695.00 |
| DISTRICT TRANSPORTATION | LODGING | ····· | | \$ |
| PERSONAL MILEAGE | MEALS MILEAGE: | | | \$ |
| ADVANCE REQUESTED | OTHER: | miles @ 0.575 | | \$0.00 \$ |
| CHARGE Fund Resource Yr TO 01 9388 0 01 6357777 SUPERVISOR/PRINCIPAL | Obj Goal Fur 5222 UWO 270 7222 APPROVALS BUDGET MAN/GE | 0 030 0000 0000 | TOTAL | \$3,695.00 |
| E. COMPLETE THIS SECTION AFTER W | ORKSHOP. | ITEMIZE | RECEIPT | S MUST BE ATTACHED. |
| DEPARTURE DATE: | REGISTRATION | | | \$ |
| TIME: | LODGING | | | \$ |
| RETURN DATE: | TOTAL MEALS (Itemize be | elow) | | \$ |
| TIME: | MILEAGE ACTUAL: | miles @ 0.575 | | \$ |
| | TOTAL OTHER (Itemize be | elow) | | \$ |
| CLAIM CERTIFICATION: | | | TOTAL | \$ |
| | LESS ADVANCE CHECK: | | | \$ |
| (YOUR SIGNATURE) | LESS AMT. PAID BY DIST | | | \$ |
| | AMOUNT DUE/OWED: | 1 0 | | \$ |
| (BUDGET MANAGER) | (If owed, attach check) | | CHECK | # |
| | | | | |

EMIZED MEAL DA

| DATE | BREAKFAST \$10 | LUNCH \$15 | DINNER \$25 | TOTAL |
|------|----------------|------------|-------------|-------|
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ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

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|----------------------------|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL OTHER (Enter above): | \$ |

Student Name: Lilijanc Montoya

NYLF Student ID Number:

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- July 3-11
- July 17-25

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| Student Signature: 4 lifan Mantple | Date: 1-210-21 |
|--|----------------|
| Parent Name (printed): COLLETTICLY MONTOYO | |
| Parent Signature: (MUCHELY M Methya | Date: 1-210-21 |
| | |

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

<u>1</u> June 20-28 <u>2</u> July 3-11 <u>3</u> July 17-25



(Must be submitted 15 working days prior to registration deadline)

| A. NAME: Debra Rosas-Dominguez | | DATE OF REQU | EST: 1-28-202 | 21 | |
|---|--|--|---|----------------|-------------------|
| ADDRESS: | | REGISTRATION | DEADLINE: 2 | 2/12/2021 | |
| CITY, STATE ZIP: | | POSITION/SITE: Student/PRHS | | | |
| B. WORKSHOP DATE(S): 7/3 - 7/11/20 | 121 | LOCATION: UCL | A | | |
| WORKSHOP NAME: National Youth | Leadership Forum: Medicine, | by Envision | | | |
| WORKSHOP REGISTRATION FORM M | UST BE COMPLETED & ATTA | CHED TO THIS FOR | M | | |
| C. 1. For substitute coverage, attach Subs 2. For district transport, attach Transpor 3. Advance allowed only if estimated co 4. If you are issued an advance and Se paycheck. | rtation Request (Form #106). ost of lodging & commercial tr | | | ce will be dec | ducted from your |
| D. COMPLETE THIS SECTION PRIOR TO | | | | | |
| YES | | | | | STIMATED COSTS |
| SUBSTITUTE REQUIRED | REGISTRATION | ********* | ny Californiana ana amin'ny fivona dia kaodim-paositra di | \$ | 3,595.00 |
| DISTRICT TRANSPORTATION | LODGING | a la section de la construction de la const | | | |
| PERSONAL MILEAGE | MEALS | | | | |
| ADVANCE REQUESTED | MILEAGE: | miles @ | 0.575 | - | 0.00 |
| CHARGE Fund Resource Yr TO 01 9388 0 01 6387 0 SUPERVISOR/PRINCIPAL | Obj Goal Fu 5222 OW 27 5222 APPROVALS BUDGET MANAGE | 10 031 01 963 | isc1 Disc2 20 0220 30 012 CHIEF | | 3,595.00 BB |
| E. COMPLETE THIS SECTION AFTER W | ORKSHOP. | | ITEMIZI | ED RECEIPTS | MUST BE ATTACHED. |
| DEPARTURE DATE: | REGISTRATION | | | \$ | |
| TIME: | LODGING | | | | ; |
| RETURN DATE: | TOTAL MEALS (Itemize b | elow) | | | } |
| TIME: | MILEAGE ACTUAL: | miles @ | 0.575 | | |
| | TOTAL OTHER (Itemize b | elow) | | | |
| CLAIM CERTIFICATION: | | | | TOTAL \$ | i |
| | LESS ADVANCE CHECK: | | | | |
| (YOUR SIGNATURE) | LESS AMT. PAID BY DIST | RICT CREDIT CARD | ; | | > |
| | AMOUNT DUE/OWED | | | | i |
| (BUDGET MANAGER) | (If owed, attach check) | | | | £ |
| ITEMIZED MEAL DATA: | | | | | |

| | DINNER \$25 | TOTAL |
|--|-------------|-------|
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| | \$ |
| | \$ |
| TOTAL OTHER (Enter above): | \$ |

ALS (CITEL) IUIALI 5) ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

Student Name: Debro Rosos-Dominguez NYLF Student ID Number:

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.

| Student Signature: Delong Rosas | Date: 01/26/21 |
|--|----------------|
| Parent Name (printed): <u>Aujondra Dominguez</u> | |
| Parent Signature: | Date; 6/2621 |

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

Q June 20-28 章 July 3-11 3 July 17-25



(Must be submitted 15 working days prior to registration deadline)

| A. NAME: Isabella Swarthout | | DATE OF REQUES | T: 1/28/2021 | | |
|--|--|-----------------------------|---|----------------------------|------|
| ADDRESS: | | REGISTRATION DI | EADLINE: 2/12/2021 | | |
| CITY, STATE ZIP: | | POSITION/SITE: Student/PRHS | | | |
| B. WORKSHOP DATE(S): 7/17 - 7/25/20 | 021 | LOCATION: UCLA | | ····· | |
| WORKSHOP NAME: National Youth L | eadership Forum: Medicine, | by Envision | | | |
| WORKSHOP REGISTRATION FORM MU | IST BE COMPLETED & ATTA | CHED TO THIS FORM | | | |
| C. 1. For substitute coverage, attach Substi 2. For district transport, attach Transport 3. Advance allowed only if estimated cos 4. If you are issued an advance and Sec paycheck. | ation Request (Form #106). It of lodging & commercial tra | | | deducted from your | |
| D. COMPLETE THIS SECTION PRIOR TO | WORKSHOP. | | | ····· | |
| YES | NO | | | ESTIMATED COS | STS |
| SUBSTITUTE REQUIRED | REGISTRATION | | | \$3,695 | 5.00 |
| DISTRICT TRANSPORTATION | LODGING | | | \$ | |
| PERSONAL MILEAGE | MEALS | | and the second se | \$ | |
| ADVANCE REQUESTED | MILEAGE: | miles @ | 0.575 | \$0 | 0.00 |
| | OTHER: | | 1.5.5.4.1.5.5.7.7.1.5.5.7.7.5.1.5.7.7.5.1.5.7.7.5.1.5.7.7.5.1.5.7.7.5.1.5.7.7.5.1.5.7.7.5.1.5.7.7.5.1.5.7.7.5.1 | \$ | |
| CHARGE Fund Resource Yr TO 01 0388 0 01 6387 0 SUPERVISOR/PRINCIPAL: | Obj Goal Fun 5222 ONDO 274 5222 APPROVALS BUDGET MANAGE | 2 431 0272 2 050 9630 | LARDO C | L \$3,695 | 5.00 |
| E. COMPLETE THIS SECTION AFTER WO | ORKSHOP. | X | ITEMIZED RECEIF | PTS MUST BE ATTACH | ED. |
| DEPARTURE DATE: | REGISTRATION | | | \$ | |
| TIME: | LODGING | | | \$ | |
| RETURN DATE: | TOTAL MEALS (Itemize b | elow) | | \$ | |
| TIME: | MILEAGE ACTUAL: | miles @ | 0.575 | \$ | |
| | TOTAL OTHER (Itemize b | elow) | | \$ | |
| CLAIM CERTIFICATION: | | | ΤΟΤΑ | | |
| | LESS ADVANCE CHECK: | | | \$ | |
| (YOUR SIGNATURE) | LESS AMT. PAID BY DIST | RICT CREDIT CARD: | | \$ | |
| | AMOUNT DUE/OWED: | | | \$ | |
| (BUDGET MANAGER) | (If owed, attach check) | | CHEC | CK# | |
| ITEMIZED MEAL DATA: | | | | | |
| DATE BREAKFAST \$10 LUNCH \$11 | 5 DINNER \$25 T | OTAL OTH | IER CHARGES (Parking | g, Public Transport, etc.) | |

| DATE | BREAKFAST \$10 | LUNCH \$15 | DINNER \$25 | TOTAL |
|------|----------------|------------|-------------|-------|
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TOTAL MEALS (Enter in claim above) ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

Student Name: Isabella Suarthout NYLF Student ID Number:

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28 .
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.

| Student Signature: |
|---------------------------------------|
| Parent Name (printed): Kate Suarthaut |
| Parent Signature: |
| |

Date: $\frac{126}{21}$

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

N/A_ June 20-28 2 July 3-11 July 17-25