KENNEWICK SCHOOL DISTRICT NO. 17

AUTHORIZATION FOR THE USE OF DRONES

School: _____ Teacher's Name: _____

Course Name or Activity: _____

List Specific Educational Objectives for Drone Use:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date(s) of Activity: _____

Location of Activity: _____

Principal Approval: _____

Signature Date

Return this form to Assistant Superintendent of Elementary/Secondary Education for Final Approval:

_____

Signature Date

January 2019