

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT
REQUEST FOR POLICY EXCEPTION TO USE A DRONE ON SCHOOL PROPERTY**

Name: _____ Date: _____

Address: _____

Phone Number(s): _____

Group or Organization _____

Location of Intended Use of Drone _____

Purpose of Use of Drone *(select one of the two boxes and describe below)*

Instructional Request
(submit to Asst. Supt. for Instruction)

Other Use Request
(submit to Dir. of School Safety & Security)

Description of Intended Use:

Date Requesting to Use Drone _____

Individual Who Will Be Operating the Drone

I have registered with the FAA and am attaching proof of my FAA certification with this request form.

I am insured per the stipulations in 5685R and am including proof with this request form.

Signature

Date

.....
 Approved

Appropriate Administrator

Date

Not Approved

Final Approval

Superintendent
(signature required for all requests)

Date

Not Approved

Note: This form will be kept on file in the Operations & Maintenance Director's office.