

West Irondequoit Central School District

Request for Policy Exception to Use an Unmanned Aerial System (UAS) on School Property

Name: \_\_\_\_\_ Date: \_\_\_\_\_
(Last Name/First Name)

Address: \_\_\_\_\_
(Street, City, State, Zip)

Phone Number(s): \_\_\_\_\_

Group or Organization: \_\_\_\_\_

Location of Intended Use of UAS: \_\_\_\_\_

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

[ ] Instructional Request
(Submit to the Assistant Superintendent for Instruction)

[ ] Other Request
(Submit to the Assistant Superintendent for Finance)

Description of Intended Use:

[Empty box for description of intended use]

Date Requesting to Use UAS: \_\_\_\_\_

Individual Who Will be Operating the UAS: \_\_\_\_\_

- [ ] 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 regulation \_\_\_\_\_ R and am including proof with this request form.

Signature

Date

[ ] Approved \_\_\_\_\_
Appropriate Administrator Date

[ ] Not Approved

[ ] Approved \_\_\_\_\_
Superintendent (Required for all requests) Date

[ ] Not Approved