

ABERDEEN SCHOOL DISTRICT NO. 5
Aberdeen, Washington

IN PERSON PRESENTER / ACTIVITY AUTHORIZATION REQUEST

Requests are due to the District Office at least 10 days in advance of the planned activity.

All requests are considered on a case-by-case basis depending upon current health and safety conditions. No event is precedent setting. All events subject to cancellation at the District's discretion for health and safety.

PRESENTER(S): _____

ORGANIZATION: _____

PERSON SUBMITTING REQUEST:

NAME: _____ CONTACT INFO: _____

LOCATION:

(Identify the building and the space where the activity will occur. Consider whether this activity can take place outdoors, which is preferred because masks for presenters may be optional. In considering requests, the District may condition approval on having the activity take place outdoors.)

BUILDING(S): _____

CLASSROOM / BLDG. SPACE: _____

DATES: START DATE: _____ END DATE: _____

TIMES: START TIME: _____ END TIME: _____

CONTENT AREA / ACTIVITY

Please describe how this activity supports district or program goals. Attach supporting documentation of the proposed activity, if applicable.

The presenters understand that masks are required for everyone in district facilities, and that a background check and vaccination confirmation may be required for access to district facilities.

SIGNED: _____ DATE: _____

DISTRICT DECISION

Estimated Expense to the District: \$ _____ **Budget Code:** _____

Does this request require a background check and/or vaccination confirmation: Yes No

Superintendent or Designee _____ Date Yes No