



Guest Presentation Request Form

Date of Request: _____ School: _____

Name of Requestor: _____

Name and Type of Presentation: _____

Name of Presenter and/or Organization: _____

Date of Proposed Presentation: _____

Location of Proposed Presentation: _____

Curriculum Standards Addressed: _____

Description of the Presentation and Educational Benefits:

Number of Students Participating: _____

Signature of Principal

Date

To be completed by District Office:

APPROVED

NOT APPROVED

Signature of Superintendent/Designee

Date

All requests must be filled out completely and submitted 14 calendar days prior to the proposed date of the presentation for consideration