Chavez Collegiate High School

Guest Speaker/Visitor Request Form

This form must be submitted to Principal's Office two (2) weeks in advance.

Teacher Name: _____ Date: _____

Department: _____ Class/Course: _____

Date of Presentation: _____ Time/Period: _____

Presenter Name: _____

Presenter Business Address/Phone Number: _____

_____

Guest/Presenter Departure Time: _____

Rationale: _____

_____

_____

_____

_____

Teacher Signature: _____ Department Chair Signature: _____

Administrator Approval:

_____ _____

Justin Derrick, Principal Leonedes Garcia, Learning Director

Approved On: _____

Original Approved Form - CCHS Attendance Office
Copy - Teacher