

**FRANKLIN COUNTY TECHNICAL SCHOOL
GUEST SPEAKER REQUEST FORM**

Date: _____

**PERMISSION IS REQUESTED TO HAVE A GUEST SPEAKER IN ACCORDANCE WITH THE
FOLLOWING:**

Teacher/Advisor: _____ **Grade (s)** _____

Date of Speech: _____ **Period (s)** _____

Guest Speaker's Name: _____

Guest Speaker's Title: _____

Is there a cost? _____ **How much?** _____ **Line Item to draw from:** _____

Qualifications of Guest Speaker with respect to topic:

Curriculum Objectives to be met by Guest Speaker:

Comments:

APPROVALS REQUESTED AT LEAST TWO WEEKS IN ADVANCE OF GUEST SPEAKER'S VISIT

Director of Curriculum and Instruction **Date:** _____

Principal **Date:** _____

Superintendent **Date:** _____

cc: Director of Curriculum & Instruction
Principal
File