



Cesar E. Chavez 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

Steven Barker, Learning Director

Approved On: _____

Original Approved Form - CCHS Attendance Office

Copy - Teacher