

Southeastern Regional Vocational Technical High School  
**Guest Speaker Approval Form**

Name of Guest Speaker(s) and Company Name:

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Date/Time of Arrival/Time of Departure Speaker(s) will be here:

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Topic/Purpose of Presentation/ Alignment with Frameworks:

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Teacher Inviting the Presenter(s):

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Location of Presentation:

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Other Programs that can benefit from this Presenter(s) (If not able to participate):

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Approval By:

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(Administrator Signature)

*(Request are recommended to be submitted at least two weeks prior to event to assure approval)*

Cc:   Principal  
      Pathways  
      Student Life/Guidance  
      Receptionist