



**FOSTER-GLOCESTER REGIONAL SCHOOLS  
GUEST SPEAKER/VISITOR REQUEST**

Requested by: \_\_\_\_\_ Today's date: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Name of Guest Speaker/Visitor: \_\_\_\_\_

Location (Room & School): \_\_\_\_\_

Course and/or Pathway: \_\_\_\_\_

Purpose & target audience: \_\_\_\_\_

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Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Superintendent's signature: \_\_\_\_\_

\*\*\*\*\* Submit at least one week before visit date. All guest speakers & visitors must receive prior approval by the Principal and Assistant Superintendent. Guest speakers & visitors are to be with certified staff at all times. \*\*\*\*\*