**Loup City Public Schools**

**Guest Speaker Request Form**
**Assembly**

Teacher/Sponsor: _____     Date: _____

Proposed Date and Time: _____

Speaker: _____

Speaker Affiliation: _____

Purpose and Message of Presentation: _____

_____

_____

_____

Speaker Qualifications: _____

_____

_____

I have read school district policy regarding guest speakers and have complied or will comply with all of its requirements.

_____     _____

Teacher                                                                                      Date

_____     _____

Superintendent                                                                            Date

Approved: _____     Denied: _____

Reason: _____

_____