Snohomish School District

Authorization for the use of Drones

School: _____ Teacher's Name: _____

Course Name or Activity: _____

List Specific Educational Objectives for Drone Use:

_____

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_____

Date(s) of Activity: _____

Location of Activity: _____

Principal Approval: _____ _____

Signature Date

Return this form to the Executive Director of Academic Services for Final Approval:

_____ _____

Signature Date

For office use only:
Returned completed signed form to CTE Director for records retention Date:_____