



# SANTA MARIA HIGH SCHOOL

Visitor or Guest Speaker Information Form

48 Hour Advance Notice Required

## Visitor or Guest Speaker/Presenter's Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

## Reason for Visit or Presentation Information

Title of event: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Event/Time: \_\_\_\_\_

Standards Covered: \_\_\_\_\_

## Teacher Information

Teacher Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Periods: \_\_\_\_\_

Description/Purpose: \_\_\_\_\_

## Mr. Diaz' Office

Approval  \_\_\_\_\_

Denied  \_\_\_\_\_

Mr. Diaz Signature \_\_\_\_\_

*Date*