

Shaker Regional School District -- Drone Operation Request Form

Please complete and return all copies to the building principal. The Superintendent of Schools will approve or deny all such requests.

Operator's Name (s): _____ Telephone Number (s): _____

Address: _____

Date(s) of use: _____ Start Time: _____ End Time: _____

School/Grounds to be used: _____

For what purpose will drone be used? _____

Name (s) of SRSD personnel requesting aerial footage: _____

FAA License # (if applicable): _____

Proof of liability insurance if drone will be used for non-SRSD purposes. SRSD must be listed as an additional insured:

☐ Insurance Copy Attached

Signature _____ Date _____

----- Do Not Write Below This Line -----

Facility Available Yes No Approval Recommended Yes No _____
Building Principal Date

The above application is ☐ Approved ☐ Denied.

Superintendent Date

Copy to: () Superintendent () Bldg. & Grounds Supervisor () Bldg. Principal () Applicant