

SHARING'S CARING APPLICATION

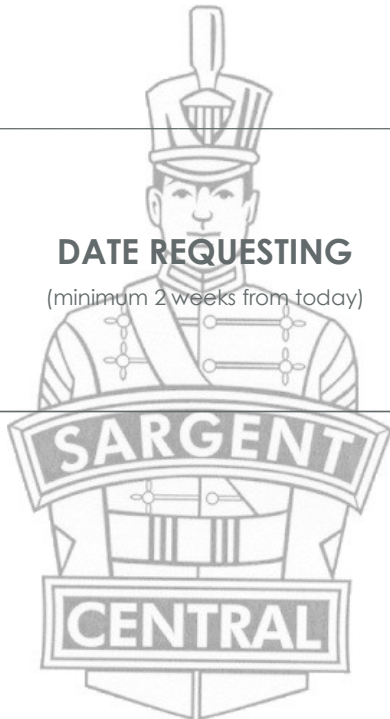
NAME (PRESENTER)



TOPIC

DATE REQUESTING

(minimum 2 weeks from today)



OBJECTIVE

SUPERINTENDENT APPROVAL

Signature with Date

APPROVED DATE FOR SHARING
