

## **Community Relations**

### **Exhibit - Child Sex Offender's Request for Permission to Visit School Property**

If you are a child sex offender, you must complete this form to lawfully visit school property whenever students are present. After a decision is made whether to grant or deny your request for permission to visit, a copy will be returned to you. This information will be kept in the District's main office as well as in the Building Principal's office where you are seeking permission to visit.

\_\_\_\_\_  
Name *(Please print)*

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School (Visit Location)

\_\_\_\_\_  
Date of Visit

Complete the following if you are a parent/guardian of a student attending the above listed school.

I request permission to visit the school for the following reason(s):

- ☐ To attend a conference with school personnel to discuss the academic or social progress of my child.
- ☐ To participate in my child's review conference in which evaluation and placement decisions may be made with respect to my child regarding special education services.
- ☐ To attend a conference to discuss other student issues concerning my child such as retention and promotion.
- ☐ Other *(Please be specific)*: \_\_\_\_\_

Complete the following if you are **not** a parent/guardian of a student who attends the school you are requesting to visit.

- ☐ I request permission to visit the school for the following reason(s) *(Please be specific)*: \_\_\_\_\_

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*The following is to be completed by District personnel only:*

☐ **Permission Granted**      ☐ **Permission Denied**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature *(Superintendent, Designee, or Board President)*

**Visit Supervision** *(To be completed by the staff member supervising the child sex offender)*

Supervisor's Name *(Please print)* \_\_\_\_\_

Visitor's Time In \_\_\_\_\_

Visitor's Time Out \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

APPROVED: November 10, 2020