GARRETT COUNTY PUBLIC SCHOOLS
SEX OFFENDER EXCEPTION REQUEST

Attachment

Applicant's Name/Address	Applicant's Date of Birth	Name of School
State in Which Charge was Issued	Date of Charge/Conviction	Specific Charges or Conviction

Student's Name(s): Name of School:	(1)	(2)
(3)	(4)	(5)

Activity or Activities you are wishing to participate in: _____

Age of victim at the time of offense: _____

Details of the incident(s) which lead to your charges or conviction: _____

_____

Applicant Affirmation

I affirm that the statements are in fact true and valid at his time. I will notify the school office of any changes. I understand that if my application is granted, and my child no longer attends this school, I will no longer be permitted access to the grounds and activities of this school. Furthermore, approval of this application is not transferable to other schools within the Garrett County School System. I understand that my application, if granted, is only valid for one (1) school year; and that I must reapply each year for reconsideration. I understand that if granted, my application will not permit me to do any of the following:

- Attend fieldtrips
- Serve in the role of chaperone or school volunteer for school related activities
- Transport other student to and from school
- And, that in the event my child is participating in a school related activity at another school location, I must contact the principal of school hosting the event and seek permission to attend via this same application process. Finally, I understand that failing to adhere to the requirements and/or providing false or inaccurate information on this application is grounds for denial.

_____ _____

Signature of Applicant Date

_____

DO NOT WRITE IN THIS SECTION – GARRETT COUNTY PUBLIC SCHOOL USE

Approved – Applicant may participate in the following:

_____ Drop off and pick up of his/her child
_____ Attending Parent Teacher Conference
_____ Attending School Sponsored Extra Curricular Activity as Spectator
_____ Other: _____

Denied Based Upon: _____

_____ _____

Signature of Administrator Date

cc: Principal(s) of School which child(ren) attend
Dr. Jane Wildesen, Director of Human Resources and Employee Relations
Mr. Brandon Hoover, Attorney for the Board of Education
Sheriff's Office

School-Community Relations 950.1 JSW
Adopted 10/9/12