

ACCESS TO SCHOOL PROPERTY BY SEX OFFENDERS

This form is to be completed each time access is requested and is limited to that specific occurrence unless otherwise noted below, and must be submitted three (3) school days in advance to the NWBOCES Administrative Director.

Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender (circle one) Male Female  
Home Address \_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
Home Cell Work  
E-mail address \_\_\_\_\_  
Date(s) Requesting to be on School Property \_\_\_\_\_  
Time of Day requesting to be on School Property \_\_\_\_\_  
Name of School/Building or Location on School Campus \_\_\_\_\_  
\_\_\_\_\_

Access shall be limited to the building and/or location noted herein, the parking lot and sidewalk/public access to the building or location designated herein.

State the specific reason/nature of the request to come upon school property \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

If request is related to your employment, provide the following information:

Current Employer \_\_\_\_\_  
Years Employed \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_  
Supervisor's Phone Numbers \_\_\_\_\_  
Work Cell

Applicants may NOT come on school property until applicant has received this form indicating approved by the Administrative Director and access shall be limited as indicated below.

Signature below indicates the information provided herein is true and accurate and requesting party is in full compliance with all Wyoming statutes regarding registered sex offenders.

\_\_\_\_\_  
Signature Date

**\*\*SCHOOL USE ONLY\*\***

Form Submitted to: \_\_\_\_\_  
Administrative Director  
Name \_\_\_\_\_  
Date Form Received \_\_\_\_\_  
Limitations/Expectations for Access \_\_\_\_\_  
\_\_\_\_\_

This request is \_\_\_ Approved \_\_\_ Denied

\_\_\_\_\_  
Administrative Director Signature Date