

**NOTIFICATION OF A REGISTERED ADULT SEX OFFENDER INVOLVING A MINOR ON A
CALHOUN COUNTY K-12 SCHOOL CAMPUS**

(Your request will be reviewed by the Principal of the school, or his or her designee)

FULL NAME: _____

ADDRESS: _____

K-12 SCHOOL CAMPUS REQUESTED TO BE ON: _____

LEGITIMATE PURPOSE FOR BEING ON A CALHOUN COUNTY K-12 SCHOOL CAMPUS:

DATE OF LEGITIMATE PURPOSE: _____

_____ **DENIED** THE PRINCIPAL OR HIS OR HER DESIGNEE REVIEWED YOUR REQUEST AND FINDS THERE IS NO LEGITIMATE PURPOSE FOR YOU TO BE ON A CALHOUN COUNTY K-12 CAMPUS AND YOUR REQUEST HAS BEEN DENIED.

_____ **APPROVED** The above notification has been received by: _____

and _____ may be on the K-12 school property of

_____ for the legitimate purpose of

_____.

******* Upon entering the property the Registered Adult Sex Offender shall immediately report to

_____, the offender must arrange his or her reporting

place and time by calling (256) _____.

IN: _____ / OUT: _____

Signature of designated person the offender reported to and checked in and out with.

Date

Check-In Time

Check-Out Time

(This form must be with the offender at all times while on campus!!!)