



**"To Build Knowledge and Skills for Success Today and Tomorrow"**

**REGISTERED SEX OFFENDER WAIVER REQUEST**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

WAIVER REQUEST: I am requesting a waiver of the Non-Student Registered Sex Offender Policy for the following reason (please check as applicable to you and complete):

I am applying for a Waiver as the parent or legal guardian of a student in the Meade School District. Please provide the name(s) and current grade level(s) of your child/ren/wards:  
\_\_\_\_\_.

I am applying for a Waiver, but I am neither the parent nor legal guardian of a student in the Meade School District.

Please specify the reason(s) for the request, the date and/or event you seek a waiver for, and any other information you believe is important to processing your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

DOCUMENTATION: Please provide a copy of the Judgment of Conviction and further documents you believe would assist the Meade School District 46-1 in its consideration of your request.

NARRATIVE OF REGISTRY OFFENSE: Please provide the following for the offense which requires you to be a registered sex offender:

Date of Offense: \_\_\_\_\_

County and State of Offense: \_\_\_\_\_

Factual Narrative of the Offense (provide sufficient facts to fully describe the offense):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Dated: \_\_\_\_\_

I certify that the foregoing information is true, correct and complete to the best of my knowledge, and that I have read and understand Meade School District 46-1.

\_\_\_\_\_  
Signature of Applicant