

Ohio Community Schools

Ohio Consolidated School District #17

Ohio Community High School District #505

"Where People Care"

Superintendent

Jennifer Hamilton
Phone 815/376-4414
Fax 815/376-2102

103 MEMORIAL STREET
P.O. BOX 478
OHIO, ILLINOIS 61349-0478

Principal

Jason Wilt
Phone 815/376-2934
Fax 815/376-2102

Date: _____

Dear Parent/Guardian:

Student's Name *(Please print)*

School

The purpose of this letter is to help the school and District comply with the State law placing restrictions on child sex offenders' access to school property (720 ILCS 5/11-9.3). State law prohibits a child sex offender from being present on school property or loitering within 500 feet of school property when persons under the age of 18 are present, unless the offender: (1) is a parent/guardian of a student and the parent/guardian is: (a) attending a conference at the school with school personnel to discuss the progress of his or her child academically or socially, (b) participating in child review conferences in which evaluation and placement decisions may be made with respect to his or her child regarding special education services, or (c) attending conferences to discuss other student issues concerning his or her child such as retention and promotion and notifies the Building Principal of his or her presence at the school; or (2) has permission to be present from the Superintendent or the School Board. A child sex offender present on school property must remain under the direct supervision of a school official. A child sex offender who violates these provisions of the law is guilty of a Class 4 felony.

Instructions for Child Sex Offenders

To lawfully visit school property, a child sex offender must complete 8:30-E2, *Child Sex Offender's Request for Permission to Visit School Property*. This form must be completed for each visit to school property.

Sincerely,

School Administrator

"Home of the Bulldogs"

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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 concerning your request, whether to grant or deny 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): _____

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

"Home of the Bulldogs"