

Coppell ISD
057922

COMMUNITY RELATIONS:
VISITORS TO THE SCHOOL

GKC
(REGULATION)

EXHIBIT The following pages contain exhibits related to local government authorities:

- Exhibit A: Parent Permission for Elementary Lunch Visitors – 1 page
- Exhibit B: Parent Request for Classroom Observation by Outside Agency – 1 page
- Exhibit C: Classroom Observation Agreement – 1 page
- Exhibit D: Sex Offender Visitation Registration Form – 1 page

**Coppell Independent School District
Parent Permission for Elementary Lunch Visitors**

Student's Name:	Last	First	Middle	Lunch Period/Time
Campus Location				Grade and Teacher

Since only parents have the right of access to their child, it is important, for safety purposes, for parents to designate other persons to whom they wish to grant lunch privileges. District guidelines limit lunchroom visitors at the elementary level to parents, immediate family members with written permission from a parent, and campus mentors. Lunch visitors should sign out and leave at the end of the lunch period.

Immediate family members are defined as the student's parents/step-parents, siblings, grandparents, or any person residing in the home. A parent can list the person(s) who have permission to have lunch for the entire school year. The following immediate family member(s) have permission to be lunch visitors with my child:

Name of Person	Relationship of Immediate Family Member

If a visitor plans to purchase lunch at the school, it is preferred that a note be sent to school with the child so that the cafeteria staff can be notified.

My signature below indicates that, as the parent/guardian of the above-named student, I give permission for the above-named person(s) to have lunch with my child. I understand that if an immediate family member is not listed above, a note sent to school on the day of the visit is sufficient notification to the school of my permission.

Signature of Parent/Guardian	Date
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EXHIBIT B

Coppell Independent School District
Parent Request for Classroom Observation by Outside Agency

Student Name	Date of Birth
Campus	Grade
Parent/Guardian Name	Phone
Address	Email

OBSERVATION TO BE PERFORMED BY:

Name	Agency/Organization (if applicable)
Title/Position	
Address	
Phone	Fax

Purpose of Observation:

I hereby request and give permission for the above-named individual to observe my child in his/her education setting.

- I understand that the individual will be required to sign a "Classroom Observation Agreement" in which he or she will agree comply with all District and campus policies, including, but not limited to, policies protecting student confidentiality.
- I understand that visits to classrooms during instructional time shall be permitted only with the principal's and teacher's approval, and such visits shall not be permitted if their duration or frequency interferes with the delivery of instruction or disrupts the normal school environment. See Board policy GKC (LOCAL).

Signature of Parent/Guardian or Adult Student	Date
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EXHIBIT C

Coppell Independent School District
Classroom Observation Agreement

Student Name	Date of Birth
Campus	Grade
Parent/Guardian Name	Phone
Address	Email

OBSERVATION TO BE PERFORMED BY:

Name	Agency/Organization (if applicable)
Title/Position	
Address	
Phone	Fax

Pursuant to the Student Handbook guidelines and Regulation GKC, visits/observations in classrooms during instructional time shall be permitted only with the principal's and teacher's approval, and such visits shall not be permitted if their duration or frequency interferes with the delivery of instruction or disrupts the normal school environment. Visits are limited to 1 class period or a maximum of 50 minutes.

My signature below indicates that I understand and agree to the following:

- I will comply with all District and campus policies and follow staff directives while on campus.
- During the time I am observing in the classroom, I will not interrupt instruction by talking to the teacher, the student, or any other person in the classroom. I will silence my phone and/or any other electronic device.
- I will not be permitted to take pictures or make video or audio recordings.
- Every child's right to privacy must be honored. I may not discuss any observations or confidential information about students with anyone other than District employees and, with regard to the student I am observing, his or her parents or guardians.

Printed Name	Date
Signature	

SEX OFFENDER VISITATION REGISTRATION FORM

Upon receiving written authorization from the campus principal's office and providing a 48-hour notice to the campus principal of the school you are requesting to visit, you are required to complete the following registration form upon arrival at the principal's office. Your signature below indicates that you are aware of the Policies and Procedures for visiting your requested school and that you agree to abide by them.

Upon arrival at school, you must:

- **Go directly to the campus administrative office for visitor registration;**
- **Complete the visitor registration form;**
- **Be escorted and directly supervised by school personnel for the duration of the visit; and Sign out at the campus administrative office upon departure.**

I am registering to be on _____ property on this
(name of school campus)

date _____ for the following reason (please be specific):

Name (Please Print)	Signature
Address	Today's Date

My signature above indicates that I am aware of the Policies and Procedures for visiting
_____ property set forth above, and
(name of school campus)

that during my visit I agree to abide by all applicable Coppell ISD Policies and Procedures.

I understand if I violate any District or campus Policies and/or Procedures, I will be issued a criminal trespass warning and escorted off campus by school personnel or law enforcement. I will not be permitted to return to any district property.