

# ST. MARY PARISH SCHOOL BOARD

## Request for Camera Installation

Requester's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: 

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### CONTACT INFORMATION

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

*List the email address that you authorize for use in response to this request.*

I(we) qualify as:

Parent(s)

Legal Guardian(s)

Adult Student

Please provide the following information regarding your request:

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Classroom/setting where camera is requested *(Classroom/Room Number or Special Education Teacher's Name)*

Parent/Guardian Signature: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Please return the completed form to: **MS. DEBRA MCCLARITY, DIRECTOR OF FEDERAL PROGRAMS**

[DMCCLARITY@STMARYK12.NET](mailto:DMCCLARITY@STMARYK12.NET)

**337-828-1767**

You will be contacted regarding the status of your request within five (5) school business days after receipt of this form by the Superintendent/Designee. Incomplete requests will be returned without further action.

**FOR OFFICE USE ONLY:**

Superintendent/Designee: \_\_\_\_\_ Date Received: \_\_\_\_\_

Self-Contained Classroom ID: \_\_\_\_\_

Does classroom contain changing area/bathroom: \_\_\_\_\_