

OBSERVATION REQUEST FORM

(Please complete the information below if you wish to
Observe in the classrooms of Bay City ISD)

PLEASE PRINT CLEARLY.

Full Legal Name _____

Preferred Name _____

Address _____
City, State Zip Code

Home Telephone (____) _____

Alternative Telephone Number (office or cellular) (____) _____

Date of Birth _____

Social Security Number _____

Driver's License Number _____

Male or Female (Please Circle one).

I understand that the above information is necessary for me to qualify to observe in the
Classrooms of the Bay City Independent School District. I hereby authorize Bay City
ISD to conduct a police record inquiry through the Department of Public Safety.

Signature of Applicant _____

Date _____