

**San Benito Consolidated Independent School District
Police Department**

240 N. Crockett St. San Benito , TX 78586
Phone: (956) 361-6475 Fax: (956) 361-6483

**Security / Police
Presentation Request Form**

Requests Date: _____ Time: _____ Presenter Name: _____

<i>Type of Congregation</i>	
<input type="checkbox"/> P	<input type="checkbox"/> PTA <input type="checkbox"/> Community <input type="checkbox"/> Parental Involvement <input type="checkbox"/> Student <input type="checkbox"/> ther: _____

Campus: _____ Location: _____

Contact Person: _____ Contact Phone #: _____

Estimated Attendance: _____ Starting Time: _____ Ending Time: _____

<i>Type of Presentation</i>	
<input type="checkbox"/> Campus Crime Stoppers	<input type="checkbox"/> Student Code of Conduct
<input type="checkbox"/> Security Issues	<input type="checkbox"/> Family Violence
<input type="checkbox"/> Truancy	<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Education Code Ch.37
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Gang Awareness
<input type="checkbox"/> 911 Emergency	<input type="checkbox"/> Gun Safety
<input type="checkbox"/> McGruff	<input type="checkbox"/> Violence Prevention
<input type="checkbox"/> Operation ID.	<input type="checkbox"/> Drug Awareness / K-9
<input type="checkbox"/> Tobacco Use / Laws	<input type="checkbox"/> Other: _____

Comments: _____

Principal / Designee Signature

Date

Office Use Only	
Date Received: _____	Received By: _____
Forward Date: _____	Forward To: _____
Correction Date: _____	Officer Assigned: _____