

Norman Public Schools

DECLARATION BY CONTRACTOR REGARDING PROHIBITION OF SEX OFFENDERS ON SCHOOL PREMISES

The undersigned, _____, represents that he/she is the owner or an officer of _____, who has the authority to make this declaration to the Norman Public Schools, as required by Section 6-101.48 of title 70 of the Oklahoma Statutes.

I declare that no employee working on school premises during normal working hours under the authority of the above named company or business has been convicted in this State, the United States or another state of any sex offense subject to the Sex Offenders Registration Act or is subject to another state's or the federal sex offender registration provisions.

Contractors who hire sub-contractors to work on a Norman Public Schools' contract will be responsible for determining that the sub-contractor meets the requirements of law SB1394 before submitting the Declaration by Contractor to the district.

I further understand that Title 57, O.S. Supp. 1999, Section 589 provides as follows, to-wit:

It is unlawful for any person registered pursuant to the Oklahoma Sex Offenders Registration Act to work with or provide services to children or to work on school premises, or for any person or business who offers or provides services to children or contracts for work to be performed on school premises to knowingly and willfully allow any employee to work with children or to work on school premises who is registered pursuant to the Oklahoma Sex Offenders Registration Act. Upon conviction for any violation of the provisions of this subsection, the violator shall be guilty of a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00). In addition, the violator may be liable for civil damages.

I further declare that so long as the undersigned performs work or provides services to the Norman Public Schools, that the undersigned will at all times comply with the statutory provisions described herein.

Dated this _____ day of _____, 2_____.

Contractor Name (type or print)_____

Authorized Representative (type or print)_____

Authorized Representative's Signature_____

Federal ID # or Social Security Number_____

Return Declaration to: Norman Public Schools
Purchasing Department
131 South Flood
Norman, OK 73069