



Brownsville Independent School District

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MARGARET M. CLARK
Aquatic Center

Monica Rosales
Aquatic Center Coordinator

Campus Participation – Confirmation 2021-2022 American Red Cross Aquatics Program

Campus: _____

Date Scheduled: _____

Time Scheduled: _____
(If multiple times scheduled, please indicate teachers' name and time scheduled for that class)

Lead Teacher / Email: _____

Our campus will have _____ (#) of students participating in the course.

Our campus will have _____ (#) of 2nd grade students requiring Special Services.

(Specify special service) _____

Our campus will have _____ (#) of students participating who use a wheel chair.

(Note: When children with special needs are participating, please let us know any special accommodations necessary)

Confirmed by: _____ **Date:** _____
Campus Principal Signature

*BISD does not discriminate on basis of race, color, national origin, sex, religion,
Age or disability in employment or provision of services, programs or activities.*