

FRASER PUBLIC SCHOOLS CHAPERONE FORM

Routing: Chaperone/Volunteer to Teacher/Director to Principal

Name of Child _____ Teacher _____

As a prospective chaperone of Fraser Public Schools, I understand that it is the school district's policy to secure Conviction Criminal History information as part of their screening process using the information provided below.

PLEASE PRINT CLEARLY (All requested information must be completed)

First Name	Middle Name
sed:	
Birth da	ate://
Sex:	_MaleFemale
Date	e
felony or misdemeand Io	or involving drugs or sexual o
ny or misdemeanor cha YesNo	arge (other than minor traffic
or charges (other than YesNo	minor traffic violations)
the conviction(s) and t	he date(s) of the
	sed: Birth da Sex: Date felony or misdemeanor lo y or misdemeanor cha _YesNo or charges (other than _YesNo

I understand that criminal record information is maintained by the Central Record Division of the Michigan State Police in Lansing, Michigan. I authorize Fraser Public Schools to obtain my criminal record information. Any falsification of the answers to the questions on this form will result in immediate disqualification.

Signature

Date: ___/__/___