

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)

Last Name	First Name	Middle Initial	
Maiden Name/Names Previous	ly Used:		
Daytime Phone: ()	Birth date:	Birth date://	
Race	Sex:M	laleFemale	
School Name:			
Event Chaperoning	Date		
Have you ever been convicted physical abuse?Yes	-	volving drugs or sexual or	
Have you been convicted of a fermion violations) in the last 8 years?		e (other than minor traffic	
Are there any felony or misdem currently pending against you?	U	nor traffic violations)	
If yes, please explain the nature conviction:			

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: __/__/