

Ravenna Public Schools
12322 Stafford Street, Ravenna, MI 49451
Phone: 231-853-2231; Fax 231-853-2193

Ravenna Public Schools, parents and volunteers work hard to create partnerships. In a continuing effort to keep our schools safe, we ask that you submit to a criminal background check. The Consent Form and any response will be kept confidential. Thank you for your understanding with this matter and for all that you give to our schools, community and children. You only need to submit this form once per school year.

Educationally Yours,

John B. VanLoon
Superintendent

2018-19 BACKGROUND CHECK CONSENT FORM

Check One: Classroom Volunteer/Chaperone Employee Coach Substitute

If volunteering in a classroom or chaperoning, please provide the name(s) of the child(ren) you will be associated with:

PLEASE PRINT:

Last Name: _____ First Name: _____ Middle Initial: _____

Race: _____ Sex: _____

Month of Birth: _____ Day of Birth: _____ Year of Birth: _____

Other Last Name (Maiden): _____ Other First Name: _____

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Ravenna Public Schools to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.

SIGNATURE: _____

DATE: _____

Return form to school office.

*****Office Use Only*****

Date Received: _____ Date Screened: _____

Status:

OK Denied If denied, date reported to building/program supervisor: _____