

MOORESVILLE CONSOLIDATED SCHOOL CORPORATION

EDUCATION CENTER

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MCSC VOLUNTEER LIMITED CRIMINAL BACKGROUND CHECK PERMISSION FORM

I, _____, give my permission for the Mooresville Consolidated School Corporation to complete a **LIMITED CRIMINAL BACKGROUND CHECK** prior to my volunteering for MCSC. I understand that my failure to allow this background check to be completed will jeopardize my volunteering or chaperoning student trips/activities within the Mooresville Consolidated School Corporation.

Please complete **one background check per adult** and **not per building**. Please provide the following information:

Full Name for Volunteer/Chaperone	Student(s)	School
<i>(Full Legal Name) (PLEASE PRINT LEGIBLY)</i>	<i>(List all students in MCSC)</i>	<i>(List school student(s) attend)</i>
Date of Birth for Volunteer/Chaperone		
Month _____ Day _____ Year _____		
Gender of Volunteer/Chaperone		
Female <input type="checkbox"/> Male <input type="checkbox"/>		
Race of Volunteer/Chaperone		
American Indian/Alaskan <input type="checkbox"/>		
Asia/Pacific Islander <input type="checkbox"/>		
Black <input type="checkbox"/>		
Multi-Racial <input type="checkbox"/>		
White <input type="checkbox"/>		

I understand this dated limited criminal background check is valid during the current school year only and the Central Office Administration will approve or deny the CBC.

Applicant's Signature

Sponsor/Classroom

Date

Date submitted to Principal

Principal's Signature

School