

## ADMINISTRATIVE SERVICES 315 N. Lapeer Street Lake Orion, MI 48362

Phone: 248.693.5400 Fax: 248.693.5466

## Field Trip Chaperones and Volunteers Criminal Conviction History Form

I understand that as a Field Trip Volunteer/Chaperone of Lake Orion Community Schools, I am subject to a criminal conviction history check to ensure the safety of all children.

I understand that the information below is required by Lake Orion Community Schools to conduct a criminal conviction history check using the Michigan State Police Internet Criminal History Tool (ICHAT). I authorize Lake Orion Community Schools to utilize this information for the sole purpose of obtaining a conviction-only history file search. All information received will be held in confidence. Any questionable results will be reviewed by the Assistant Superintendent of Human Resources.

Name (Please Print):								
	Last Name		Maiden Name/Other				First Name	MI
Date of Birth:/	/			Race:		White		
		_	Female			Black	acific Islander	
Oriver's License #:					_		Indian or Alaskan Native	
miver's License #					_	Unknown/		
Plea	se list all of	vour children w	vho are en	rolled in La	ka C	rion Con	nmunity Schools.	
Fiea	se list all Oi	your criliaren w	nio are en	iolieu III La	ike C	Jilon Con	illinumity Schools.	
Student's Name			School Building				Grade/Class	
Student's Name			School Building				Grade/Class	
Student's Name			School Building			Grade/Class		
Student's Name			School Building			Grade/Class		
•	•	•		_			duty as a volunteer incl	uding
signing, if	appropriate,	the District's N	letwork ar	id Internet	Acce	ess Agree	ement Forms.	
<ul> <li>I will release</li> <li>volunteer se</li> </ul>		t of any obliga	tion should	d I become	ill oı	receive	an injury as a result of n	ny
<del></del>		_		 Date				