

**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. This 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,

Greg Helmer  
Superintendent

**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/Day/Year of Birth \_\_\_\_\_

Other Last Name (Maiden): \_\_\_\_\_ Other First Name: \_\_\_\_\_

Year You Entered Michigan: \_\_\_\_\_ State You Lived in Previously: \_\_\_\_\_

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 a school office.

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

Date Received: \_\_\_\_\_ Date Screened: \_\_\_\_\_ By: \_\_\_\_\_

Status:  OK  Denied If denied, date reported: \_\_\_\_\_ To: \_\_\_\_\_