



Confidential – Complete this form and return hard copy to the school office.

Christ Chapel Academy – Parent Background Check Authorization



Student Name(s)	Grade:
Sibling 1:	
Sibling 2:	
Sibling 3:	
Sibling 4:	
Sibling 5:	

BACKGROUND CHECKS ARE VALID FOR FIVE (5) YEARS. TEACHERS ARE PROVIDED WITH A LIST OF APPROVED DRIVERS.

Print Name: _____

Gender/Race

Birthdate 00/00/0000

Social Security Number

Former Name(s) (if applicable): _____

Current Address: _____

Street Address

City

State Zip

Prior Address (if new to the area): _____

Street Address

City

State Zip

Telephone Number: _____ Cell Phone Number: _____

Driver License Number/State: _____

License Number

State

The information contained in this application is correct to the best of my knowledge. I hereby authorize Christ Chapel Academy and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the National Sex Offender and Multi State Criminal reports may include, but is not limited to the following areas: verification of social security number, current and previous residences: employment history, employment credit history, education background, character references: drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Christ Chapel Academy or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, form, corporation, or public agency may have to include information or data received from other sources.

I hereby release Christ Chapel Academy, the Social Security Administration and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

APPLICATION WILL NOT BE PROCESSED IF BACKGROUND CHECK FEE OF \$20.00 IS NOT INCLUDED. MAKE CHECKS PAYABLE TO CHRIST CHAPEL ACADEMY.

PAYMENTS CAN ALSO BE MADE ON THE WEBSITE WWW.CHRISTCHAPELACADEMY.ORG IN THE PARENT PORTAL; CHAPERONE BACKGROUND AND PAYMENT BUTTON.

Signature: _____ Date: _____

Print Name: _____

Relationship to Student: _____