***LEGACY CHARTER SCHOOL***

***Mr. Stallcop, Principal***

Parent Volunteer Information Form

Full Legal Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are requesting this information because the State Department of Education has directed all schools to perform a background check for all people directly working with students.

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Verification (for office use)

Signature of person performing verification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Verification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Volunteer Form