



Capac Strong.
Learn. Dream. Grow.

CENTRAL OFFICE 403 N. Glassford St. • Capac, MI 48014
(810) 395-3710 • Fax (810) 395-4858 • www.capacschools.us

Stephen C. Bigelow, Ph.D.
Superintendent

CRIMINAL HISTORY INFORMATION CHECK CONSENT FORM

Deborah Lewis
Business Manager

As a prospective chaperone/volunteer/person frequently on premises of Capac Community Schools, at the following building(s) and if applicable, in connection to:

Student(s) Name

**BOARD OF
EDUCATION**

- Capac Elementary School (K-6) _____
- Capac Jr.-Sr. High School (7-12) _____
- Capac Virtual (6-12) _____

Monica Standel
President

I understand that it is this agency's policy to secure conviction criminal history information as part of their screening process using the information provided below.

James D. Crane
Vice President

Applicant Name: _____
Last
First
Middle

Timothy J. Lewis
Secretary

William Ellis
Treasurer

Maiden name/names previously used: _____

Travis E. Fahley
Secretary Pro Tem

Birthdate: _____ Race: _____ Gender: _____

Marie Killingbeck
Treasurer Pro Tem

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize Capac Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Barry S. Geliske
Trustee

Applicant Signature (chaperone/volunteer/person frequently on school premises) _____
Date

() _____
Applicant Phone Number

(Administrative Use Only)

SCREENING DATE	EVENT	REMARKS