



School District of Manawa

"Students Choosing to Excel, Realizing their Strengths"

800 Beech Street | Manawa, WI 54949 | (920) 596-2525

District Fax (920) 596-5308 | Elementary Fax (920) 596-5339 | Jr./Sr. High Fax (920) 596-2655

www.manawaschools.org

Background Check Consent Form Submit to District Office at Least Two Weeks Prior to Event

CLASSROOM TEACHER

DATE OF TRIP

TO PARENT VOLUNTEERS:

This form is intended for the safety of our community and our children. As a prospective employee or volunteer for the School District of Manawa we would appreciate the opportunity to ask our Police Department and the Dept. of Justice to run a background check. All information will be confidential between the Police Department and the Administration of the Manawa School District. Any information received will be shared with the applicant upon request.

Please indicate your consent with full signature below:

SIGNATURE

Today's Date: _____

Please print legibly your Full Legal Name below:

First Name: _____ Full Middle Name _____ Last Name _____

ALL Previous Names: _____

Current Address: _____

Previous Address: _____

Previous Address: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, explain: _____

DOB: _____

Gender: _____ Male _____ Female

Race: White _____ Asian _____ Black _____
Hispanic _____ Amer Indn/ Alskan _____ Nat Haw/Pacific Islander _____

Thank you for your cooperation.



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