

Metropolitan School District of Martinsville

www.msdofmartinsville.org

MSD of Martinsville Schools:

Brooklyn Elementary School
 Centerton Elementary School
 Green Township Elementary School
 Paragon Elementary School
 Poston Road Elementary School
 Charles L Smith Elementary School
 South Elementary School
 Bell Intermediate Academy
 John R Wooden Middle School
 Martinsville High School

Principals:

Jennifer Teare, Principal
 Stephanie Manley, Principal
 Paul Spahr, Principal
 Ryan Cox, Principal
 Jill Vlean, Principal
 Kyle Stout, Principal
 Melody Meyer, Principal
 Ryan Setterlof, Principal
 Fred Kutruff, Principal
 Eric Bowlen, Principal

School Phone:

317-831-2150
 317-831-3410
 765-342-0505
 765-537-2276
 765-342-8408
 765-342-8488
 765-349-1486
 765-342-6675
 765-342-6628
 765-342-5571

LIMITED BACKGROUND CRIMINAL HISTORY CHECK REQUEST FORM

All visitors to MSD of Martinsville Schools (including individuals interested in working with, chaperoning, or having lunch with students) during the school year will be required to have a Limited Criminal History Check. Completed background checks are confidential and will be kept in the school office. A valid driver's license or state-issued ID will be required for the background check. Please complete the information below and present your ID to the office at least a week prior to visiting or volunteering. **In order to keep our students safe, individuals who do not have a valid driver's license or state-issued ID will not be allowed access to our building or our students.** *Please note: If you have a misdemeanor conviction within the last 5 years or a felony conviction within the last 10 years, you will not be allowed to visit/chaperone during school hours.*

Legal name (as it appears on driver's license) _____ Male/Female
Please Print Circle One

Date of Birth _____ Phone Number _____

Student Name _____ Your Relationship to Student _____
Please Print Please Print

List Any Siblings	School Siblings Attend	Your Relationship to Sibling

By signing below, I hereby voluntarily authorize the Metropolitan School District of Martinsville to obtain a limited background criminal history check on me. I understand this information is gathered to ensure the safety of all students on each campus.

Signature: _____
 Date: _____

FOR SCHOOL USE ONLY:	
School Name: _____	Name of Person Conducting CBC: _____