

Metropolitan School District of Martinsville

www.msdoftmartinsville.org

MSD of Martinsville Schools:

Brooklyn Elementary School
Centeron Elementary School
Green Township Elementary School
Paragon Elementary School
Poston Road Elementary School
Charles L Smith Fine Arts Academy
South Elementary School of Communications
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 Vican, Principal
Kyle Stout, Principal
Melody Meyer, Principal
Ryan Setterloff, Principal
Fred Kuttriff, Principal
Jeff Bell, 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 visiting students and/or staff) 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.**

Legal name (as it appears on driver's license) _____
(Please Print)

Male/Female _____
(Circle One)

Date of Birth _____ Race _____ 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: _____