

Sanger High School Guest Permission Registration

This form is to request permission for a guest to attend a SHS formal event and is due two (2) weeks PRIOR to the date of the event. Request is to be submitted directly to Carly Sperry, SHS Principal. Permission is subject to guests agreeing to all SISD requirements including but not limited to the following: Guests agree to abide by SISD formal dress code as noted on SHS Website.

Guests must present a Photo ID at the entrance of the event prior to admission.

Guests must submit a completed permission request 14 days prior to the event.

Guests are under the age of 21. No guest aged 21 or over will be allowed.

SHS Student Name: _____ Grade _____

Guest Name: _____

 Last First Middle Initial

Guest Home Address: _____

Home Phone Number _____ Cell _____

Parent(s) Name _____

 Last First Middle Initial

Parent(s) Phone Number _____ Cell _____

In case of emergency notify: _____ Phone #: _____

Guest is Presently Enrolled and attending High School Yes/No

Current High School Attending: _____

School Name

School Phone Number: _____ Principal's Name: _____

To be completed by Guest Principal (if currently enrolled)

_____ has shown him/herself to be responsible and is not currently under any administrative

Name of Guest

restriction within _____ school District.

Name of district

Principal Signature _____ Date: _____

If guest is NOT ENROLLED or completed High School:

Year Graduated: _____, School Name: _____

School Phone #: _____, Principal's Name: _____.

Guests over the age of 18 will be subject to a TXDPS background check prior to authorization granted. Incomplete forms will not be processed. Thank you.

SHS Student requesting Guest Permission PARENT Signature: _____

Guest Parent's Signature (if under 18): _____

SHS Principal's Signature: _____ Guest Permission is granted: Yes No

Carly Sperry

Date Permission is granted: _____ Formal Event: Homecoming Dance

Note to SHS Student seeking Guest Permission: Upon Completion of this form, Mrs. Sperry will need to approve the request prior to your purchase of a formal ticket.

Sanger Independent School District

Guest Personnel Information / Criminal History Release Form

This form will be removed from the application and filed separately in the SISD Community Outreach Personnel Office.

Please complete ALL blanks.

MUST BE COMPLETED FOR ANY QUEST REQUESTING PERMISSION TO ATTEND A SANGER HIGH SCHOOL FORMAL EVENT AGE 18 -20 YEARS OF AGE. No Guests will be processed over the age of 20.

Name _____

Address _____ City _____ State _____ Zip _____

Phone # (Home) _____ (Cell) _____

Date of Birth _____

Driver's License # _____ Driver's License State _____

Sex : Male Female

Ethnicity : _____ American Indian _____ Asian _____ Black, Non-Hispanic

_____ Hispanic _____ White, Non-Hispanic

Application for: *(please check one)* _____ Homecoming Dance _____ Prom

Please Read and Sign Below

I hereby give Sanger Independent School District written permission by and through this release for to obtain from any Law Enforcement or Criminal Justice Agency all criminal history record information that relates to me. (As per Texas Education Code* 22.083)

It is understood that the information shall be treated confidentially and used only to evaluate my application to work in the Sanger Independent School District. As an applicant herein, I shall hold SISD and all others agencies harmless from the use of said information and waive any right I may have to the secured information.

I understand that the original of this release approval will be maintained with the Districts files.

Applicant Signature _____ Date _____

For District Use only

Date Received in Personnel Office: _____ Date Processed: _____

Date Results received and verified by: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with MorphoTrustUSA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, MorphoTrustUSA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Sanger ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH:	_____ Volunteer _____
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/> _____ initial
Date	_____ _____ initial
Destroyed Date:	_____ _____ initial
Retain in your files	