ASCENSION PUBLIC SCHOOLS
Excellence. Ascending Together.

1100 Webster Street
Donaldsonville, LA 70346
(225) 391-7000
www.AscensionSchools.org

(KELLY SERVICES)

Ascension Public Schools Central Office
1100 Webster Street
Donaldsonville, LA 70346
By Appointment Only

To Schedule an appointment, you must,

1. Use this link to schedule https://ascensionschools.simplybook.me/v2/#book
2. **Email attached paperwork and copy of driver's license no later than noon the day before your scheduled appointment. Send to fingerprinting@apsb.org**
3. At your scheduled appointment time report to the Central Office at 1100 Webster Street, Donaldsonville, LA 70346.
You MUST bring the physical card of a valid ID or Driver's License. **LA Wallet is no longer acceptable**.

Only fingerprinting applicants will be allowed to enter the fingerprinting area. Please, no children.

If you cannot keep your appointment, please cancel by using the same link above that you used to schedule. If you have any questions or concerns, please contact Fingerprinting at 225-391-7115 or by email @ fingerprinting@apsb.org

Employee Name: _____

Position: _____

Appointment Date: _____

ATN and SID# FOR OFFICIAL USE ONLY

ATN _____ SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

Ascension Parish School Board
AGENCY, BUSINESS OR INDIVIDUAL NAME

1100 Webster St.
MAILING ADDRESS

Donaldsonville LA 70346
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE INFORMATION, EXCLUDING ADMINISTRATORS OR AUTHORIZED PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME OF APPLICANT | DATE OF BIRTH | PLACE OF BIRTH (STATE) | RACE / SEX

WEIGHT | HEIGHT | HAIR COLOR | EYE COLOR

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

☐ RAPSHEET ATTACHED

☐ RESPONSE BELOW

Louisiana Child Care Civil Background Check Initial Request Form

This form is intended for provider/entity use as a convenient way to obtain all pertinent information from the applicant. This information must be entered online through the Child Care Civil Background Check System at https://CCCBCLDOE.la.gov.

All items marked with * are required for submission in the CCCBC System

Applicant Information

*Social Security Number: _____ *Date of Birth (MM/dd/YY): ___/____/_____

*Full Name as it appears on government identification:

_____

Last Name First Middle Suffix

Aliases, nicknames, tribal names, including names from previous marriages:

Last Name, First Name: _____

Last Name, First Name: _____

*Applicant's personal email address: _____

*Phone number: _____ Alternative phone number: _____

*Physical Address: _____

Mailing Address (if different from physical address: _____

*Place of Birth (city/state): _____ *Citizenship: _____

*Marital Status (circle one): single, married, widowed, separated, divorced **Maiden Name:** _____

*Sex: _____ *Height: _____ *Weight: _____ *Photo Identification Type: _____

*Identification number: _____ Issued by (state): _____ *Expires: ____/____/_____

Hair Color: _____ Eye Color: _____ Race: _____

Any tattoos, scars, or distinguishing marks, if so describe (include finger scarring):

_____

***Residential History for the past 5 years:**

1) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____

Street Address City State Zip Code

2) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____

Street Address City State Zip Code

3) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____

Street Address City State Zip Code

**** Do Not Mail this form to LDOE ****

The Department recommends shredding or destroying this document immediately after use.

LOUISIANA DEPARTMENT OF EDUCATION

INDIVIDUAL AUTHORIZATION AND CONSENT FORM FOR CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES

Full Legal Name of Individual (print last name, first name, middle name) _____

Name of Child Care Provider or §1809 Entity **ASCENSION PARISH SCHOOL DISTRICT**

BY SIGNING BELOW:

1. I, _____(Legal Name of Individual), give my consent for and authorize **ASCENSION PARISH SCHOOL DISTRICT** (Name of Child Care Provider or §1809 Entity) to submit a request to the Louisiana Department of Education (LDOE) for a Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purposes on my behalf, and I agree to provide all information necessary for LDOE to make said determination of eligibility.
2. I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and based on the information requested and received, to determine whether I am eligible for child care purposes based on the requirements set forth in 45 C.F.R 98:43, R.S. 17:407.42, R.S. 17:407.71, BESE Bulletin 137-*Louisiana Early Learning Center Licensing Regulations*, §1803 and BESE Bulletin 139-*Louisiana Child Care Development Fund Programs*, §309.
3. I acknowledge that the following will be requested as part of the CCCBC process: fingerprint-based criminal history information records from the Louisiana State Police (LSP) and the Federal Bureau of Investigation (FBI); a name-based search of the Louisiana Child Abuse and Neglect Registry (SCR) maintained by the Louisiana Department of Children and Family Services (DCFS); a name-based search of the Louisiana State Sex Offender and Child Predator Registry, the National Sex Offender Registry (NSOR) through the National Criminal Information Center (NCIC), and the public NSOR; and, if applicable, a name-based check of the state criminal history information records, state sex offender registries and registries of child abuse and neglect for each state in which I have resided within the past five years.
4. I authorize the Louisiana State Police (LSP) to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility for child care purposes with the child care provider or §1809 entity named above.
5. I consent to and authorize DCFS to conduct a clearance of the State Central Registry for child abuse/neglect and release the results to LDOE.
6. I consent to and authorize LDOE to share personal descriptive information, including but not limited to my social security number, it receives during the CCCBC-based determination of my eligibility for child care purposes with LSP, FBI, DCFS and the Louisiana Sex Offender and Child Predator Registry, as maintained by Offender Watch, and if I have lived in other states within the last five years, those applicable state agencies, to aid in the identification of records about me.
7. I understand that I will be notified of my determination of eligibility or ineligibility for child care purposes and of any provisional employment status, and that I will receive notice of any changes to my determination or status. I further understand that the above-listed child care provider or §1809 entity will receive notice of any changes to my determination or status.
8. I understand that I may revoke my consent for the above-listed child care provider or §1809 entity to be sent notice of changes in my eligibility determination or provisional employment status, provided that I am no longer employed by the child care provider or no longer providing services in early learning centers on behalf of the §1809 entity, and that I timely submit my request in writing to LDEchildcareCBC@la.gov.
9. I understand that my eligibility determination and employment status will be searchable by other child care providers and §1809 entities with access to the Child Care Civil Background Check System if I am determined to be eligible for child care purposes or if I am granted provisional employment status.
10. I consent to and authorize the above-listed child care provider or §1809 entity to submit to LDOE an application requesting a new CCCBC-based determination of eligibility on my behalf every five years at or around the expiration of my current CCCBC-based determination of eligibility, provided I remain employed by the above-listed child care provider or provided I am continuing to provide services in early learning centers for the above-listed §1809 entity at the time of the expiration of my current determination of eligibility.
11. I acknowledge that I am required to notify LDOE of any change in physical, mailing and/or email address within 14 days of the change in physical address or email address.

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND COMPLETE AND I UNDERSTAND THAT PROVIDING FALSIFIED INFORMATION OR WITHHOLDING INFORMATION IS GROUNDS FOR DENYING ELIGIBILITY FOR CHILD CARE PURPOSES.

FULL LEGAL NAME OF INDIVIDUAL and guardian, if applicable (print clearly) :_____

SIGNATURE OF INDIVIDUAL or guardian, if applicable:_____ **DATE:**_____

For Child Care Criminal Background Check information, contact LDEchildcareCBC@la.gov