

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

Dr. Edith M. Walker
Superintendent

SCHOOL BOARD

Jared Bercegeay
President
District 6A

Marty J. Bourgeois
Vice President
District 4A

Robyn Penn Delaney
District 1

Willie Robinson
District 2

Julie Blouin
District 3

John Murphy
District 4B

John DeFrances
District 5A

Taft Kleinpeter
District 5B

Louis Lambert
District 6B

Karen Braud
District 7A

Jake Lambert
District 7B

To Schedule an appointment, you must,

1. <https://ascensionschools.simplybook.me/v2/#book>
 2. Submit payment <https://apsb.schoolcashonline.com/Fee/Details/60201/260/False/True>
 3. \$15.00 for Full-time employees, \$35.00 for Part-time employees, and \$105.55 for contractors to cover fingerprinting processing fees and drug screening. Full-time and part-time employees please print or email a copy of your payment receipt to fingerprinting@apsb.org
 4. 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.

5. Paperwork should be completed and printed before arriving for the appointment. Paperwork can also be emailed to fingerprinting@apsb.org

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 _____

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