



OVERNIGHT CHAPERONE REGISTRATION FORM

Referring SCCS Coach/Sponsor/Teacher: _____

Overnight Event: _____ Event Date: _____

Circle School: SCMS SCHS Application Date: _____

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Have you ever completed a background check or been fingerprinted? ____YES ____NO

If yes, what year? _____

Do you have children attending SCCS? ____YES ____NO

If yes, please provide names and information below:

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

By signing below, I agree to act in accordance with all district policies, regulations, and school rules, including, but not limited to, all sign-in and identification procedures and confidentiality and safety guidelines. I understand that I will serve as an overnight chaperone under the direction and supervision of the teacher, sponsor, principal, and other designated school personnel.

Applicant Signature: _____ Date: _____

Before any background check or fingerprint appointment is scheduled, the applicant must receive authorization from the school principal. Principal authorization confirms that the school wishes to sponsor the individual for service as a lay coach or overnight chaperone. Authorization does not constitute final approval. Individuals may not begin serving until all district requirements have been completed and Board approval, when required, has been received.

Principal Signature: _____ Date: _____

- ☐ Processed by Central Office
- ☐ Fingerprinting Complete
- ☐ BOE Approved & School Notified