



HARRISON COUNTY SCHOOLS CHAPERONE APPLICATION



Form must be completed each school year and have a copy of your TB shot record attached.

Name: _____ Date: _____

Address: _____

Home No: _____ Work No: _____ Cell No: _____

References:

Name Phone No.

Name Phone No.

Have you ever pled guilty to or been convicted of any crime? *(Other than vehicular moving violations)*
_____ Yes _____ No

If yes, explain: _____

Do you have any type of current charge pending against you? _____ Yes _____ No

If yes, explain _____

I hereby authorize previous employers and references designated by me to supply information to the school principal regarding this application. I release them from any liability and responsibility arising from supplying this information.

I realize that the disclosure of any information that is confidential in nature will result in the revocation of my privilege as a parent volunteer, I understand that any and all information regarding students, staff, or parents must be treated with extreme confidentiality.

I attest, under penalty of perjury, that the information I have provided above is true.

Chaperone's Signature

Date

REMINDER - If you have students at more than one school, a form must be filled out for each school.

**RETURN FORM TO THE SCHOOL PRINCIPAL.
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