



**HIGH POINT
CHRISTIAN SCHOOL**

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7702 Old Sauk Rd.
Madison, Wisconsin 53717

Current School Year: 2019-2020

Parents: Please complete this form for the current school year. We request that each parent have this form on file in the school office to facilitate your participation in field trips and other service opportunities.

BACKGROUND CHECK REQUEST

As a part of our overall security plan for the safety of all that participate in our school, we require a Criminal Background Check on all school staff and persons working in a volunteer capacity with our students. This includes, but is not limited to our teachers, coaches, aides, administration team, field trip supervisors, classroom helpers and anyone else who comes in contact with our students. Please fill out the form below and return a signed copy to the school office.

Your Background Check may be processed by ICS (Impact Christian Schools), serving on our behalf.

Sincerely,

High Point Christian School (HPCS)

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment/volunteerism with ALCS. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment-volunteerism with ALCS. You have rights under the Fair Credit Reporting act, including the right to request disclosure of the nature and scope of any investigative consumer report, upon written request made within 30 days after receipt of this notice. Please be advised that the nature and scope of the most common form of investigative consumer report obtained on applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC. PP Box 295, Danville, IN 46122. 888.215.8296

AUTHORIZATION

Full Name (printed): _____ Date of Birth: _____

First Name Middle Initial Last Name

Current Address: _____ City: _____ State: _____ Zip: _____

Social Security # _____ - _____ - _____ Drivers' License # _____

(For ID Purposes only) Attach additional sheet with information if needed.

Any other names I have been known by: _____

Previous Address (last 7 years): _____

By signing below, I, _____, hereby voluntarily authorize HPCS to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decision regarding my employment/volunteerism and/or continued employment/volunteerism at HPCS. This report may be delivered in either written or electronic form.

Signature: _____

Date: _____



For School Use Only:

Background Check requested by: _____

Date provided to applicant: _____

Urgency for results: _____ (ASAP) _____ Standard Process

Applicant's Role: _____

Applicant's Start Date: _____

Type of Background Check Request:

Background Check: _____ *Updated Background Check:* _____

ICS Section:

Date Completed: _____ By Whom: _____

Date of notification to school: _____

Other Notes:

