

BCA BACKGROUND CHECK INFORMATION & FORM

July 2011

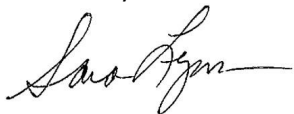
Dear Parents,

State legislation requires school districts to request a yearly criminal history background check from the Bureau of Criminal Apprehension on all individuals who are employed or who are parent volunteers who may have unsupervised contact with students in the school. This includes parents who drive car pools for field trips, who serve as substitute teachers, or are in other situations with students where there is no "CHBC'ed" employee present.

Each member of your family who will be volunteering this year needs to complete and sign this form and return it to TTSP. Please note that I will be the only person to see the results of the investigation unless there are items of concern, in which case I will consult with a non-parent member of the Board. The results will be kept in a locked file in my office.

Thank you for your cooperation as we do our utmost to provide for the safety of our children.

Shalom,



Sara Lynn Newberger
Head of School



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Marjorie Smith Hofman Educational Building
768 Hamline Avenue South, St. Paul, MN 55116

Phone: 651-698-8807 ★ Fax: 651-698-8912 ★ www.ttsp.org

BCA REQUEST FORM

Minnesota State Statute 123B.03, Subdivision 1 requires that we obtain a state criminal history background check from the Minnesota Bureau of Criminal Apprehension on all employees and volunteers. As an applicant for **working/volunteering in the school**, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Talmud Torah of St. Paul pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of employment as an employee / volunteer (circle one) with this agency. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN, ALIAS OR FORMER (IF APPLICABLE)

DATE OF BIRTH: _____
Month/Day/Year

SOCIAL SECURITY NUMBER: ____ - ____ - ____

ADDRESS: _____

The following individual has made an application with the school:
_____ as an employee _____ as a volunteer

REQUESTED BY: _____
Sara Lynn Newberger, Head of School

OFFICE USE ONLY:

STATE I.D. NUMBER 8340850
TALMUD TORAH OF ST. PAUL
ACCOUNT: T516988807

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