

NORTH END SCHOOL VOLUNTEER

FINGERPRINTING REQUEST

RETURN THIS FORM TO THE NORTH END SCHOOL MAIN OFFICE. YOU WILL RECEIVE AN EMAIL FROM THE SUPERINTENDENT'S OFFICE WITH DIRECTIONS FOR FINGERPRINTING. YOU WILL BE REIMBURSED AND FINGERPRINTS ARE GOOD FOR 10 YEARS.

PLEASE PRINT

MOTHER NAME: _____

FATHER NAME: _____

STUDENT'S LAST NAME: _____

PARENT CELL/PHONE # (MOM) _____

(DAD) _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

EMAIL ADDRESS (MOM) _____

(DAD) _____

PLEASE RETURN COMPLETED FORM TO THE MAIN OFFICE AT NORTH END SCHOOL (mail to 122 Stevens Ave or email Ms. Dyer (dyer.traci@cgschools.org))

THANK YOU FOR VOLUNTEERING!