

Carroll Consolidated School

Carroll Elementary School
105 S 225 E
Flora, IN 46929
574-967-4881



Carroll Jr-Sr High School
2362 E State Road 18
Flora, IN 46929
574-967-4157

Roy Hufford, Principal
Kristen Ray, Assistant Principal

Shay Bonnell, Principal
Leo Leffert, Assistant Principal

CONSENT FOR LIMITED CRIMINAL HISTORY

First Name

MI

Last Name

Date of Birth: ____/____/____
Month Date Year

Gender: Male Female

Race: Choose one or more as applicable

- American Indian or Alaska Native Asian African American
 Native Hawaiian or Other Pacific Islander White/Caucasian

I, _____, give my permission to Carroll Consolidated School Corporation to request a Limited Criminal History Check to the Indiana State Police for the reason that I have volunteered services at a public school (as defined in IC 20-10.1-1.2) that includes contact with, care of, or supervision over a student enrolled in the school.

I further understand that there is a penalty for the misuse of the information obtained and that any information obtained will be used for the stated purpose only and shall be kept confidential by Carroll Consolidated School Corporation.

Signature

Date

Please return to the building principal(s) **at least two (2) weeks** before planned involvement with students.

Student's Name Grade Teacher (if student is K-6)

Student's Name Grade Teacher (if student is K-6)

Student's Name Grade Teacher (if student is K-6)

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