



SENATOBIA MUNICIPAL SCHOOL DISTRICT

104 McKie Street
Senatobia, MS 38668
Chris D. Fleming

Superintendent of Education

Bernice T. Jackson
Assistant Superintendent

April Scott, Ed. D.
Assistant Superintendent

Dear Parents,

Success on many field trips result from parent volunteers who serve as chaperones for our children. We will define a chaperone/volunteer as any adult who has supervisory responsibilities for children other than their own. The chaperone/volunteer will operate under the direct supervision of administration and certified teachers of our district.

In order for you to serve as a chaperone/volunteer, we must conduct a background check with our local law enforcement agencies. Please indicate below if you are interested in serving as a chaperone/volunteer for the _____ grade field trip which will take place on _____ to _____ (location).

Chaperone/volunteers will pay the same price for admission to the activity as other adults who participate in the field trip. The adult price for this trip is \$_____. However, because we have a NO REFUND POLICY, we ask that you NOT send money until we contact you indicating that you have cleared the background check. We will notify you about the status well enough in advance so that you can meet the _____ deadline for turning in payment.

You only need to return this form if you plan on serving as a chaperon/volunteer.

If you plan to attend the field trip and be responsible for your CHILD ONLY, you DO NOT need to have a background check completed.

(Student's Name)

(Teacher's Name)

**PLEASE FILL OUT THE OTHER SIDE FOR BACKGROUND
CHECK AND RETURN FORM TO THE SCHOOL.**

THANK YOU.



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Background Check

TO: Senatobia Police Department – FAX: 662.560.0355 Contact: Tameka/Ashley

Tate County Sherriff’s Office – FAX: 662.562.4526 Contact Diana Taylor

FROM: Senatobia Municipal School District

104 McKie Street

Senatobia, MS 38668

The following applicant is being considered for employment, chaperone, or volunteer by Senatobia Municipal School District. Please run a background check, complete bottom form and fax back to **Amanda Rose at 662.301.5354.**

.....
Applicant’s Full Name: _____
(Please Print)

Social Security Number: _____ Date of Birth: _____

Signature of Applicant for Background Check

Date

Signature of Senatobia Municipal School District Administrator

Date

.....
THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT OR SHERIFF’S OFFICE

_____ Background Check Cleared

_____ Background Check Indicates the Following:

Signature of authorized representative

Date