

YOUTH LEADER REQUEST

Organization: Anchorage Independent School District

Phone Number: (502) 245-8927

Please return completed form for processing to:

Anchorage Independent Public School District, 11400 Ridge Road, Anchorage, KY 40223

Forms will then be submitted to: ADMINISTRATIVE OFFICE OF THE COURTS, PRETRIAL SERVICES
1001 VANDALAY DRIVE, FRANKFORT, KY 40601 502-573-2350

NOTE: This completed form is required of each individual/adult before they can be a YOUTH LEADER for STUDENTS in any school activity, function, or field trip in or around Anchorage School. It is NOT required for attending said activities, functions, field trips or lunches.

Please PRINT or TYPE the "ADULT" individual's information clearly

Date: _____

First Name Middle Initial Last Name

Maiden Name of Alias Names

Social Security Number Date of Birth

Street Address / PO Box

City/ State/ Zip

Name(s) of your Anchorage student(s) and current grade level(s): (include last name if different than your own)

ADULT's Relationship to Student: _____ Phone Number: _____

If submitted by Coach/Sponsor, please list Group Affiliation: _____

* The background checks are valid for 3 years; therefore, we recommend that all "NEW" families and families with students entering K, 3rd and 6th grades submit this form.