

# Metropolitan School District of Martinsville

[www.msdoformartinsville.org](http://www.msdoformartinsville.org)

**MSD of Martinsville Schools:**

Brooklyn Elementary School  
 Centerton Elementary School  
 Green Township Elementary School  
 Paragon Elementary School  
 Poston Road Elementary School  
 Charles L Smith Elementary School  
 South Elementary School  
 Bell Intermediate Academy  
 John R Wooden Middle School  
 Martinsville High School

**Principals:**

Jennifer Teare, Principal  
 Stephanie Manley, Principal  
 Paul Spahr, Principal  
 Ryan Cox, Principal  
 Jill Vlean, Principal  
 Kyle Stout, Principal  
 Melody Meyer, Principal  
 Jeremy Ogden, Principal  
 Eric Bowlen, Principal  
 Nick Sears, Principal

**School Phone:**

317/831-2150  
 317/831-3410  
 765/342-0505  
 765/537-2276  
 765/342-8408  
 765/342-8488  
 765/349-1486  
 765/342-6675  
 765/342-6628  
 765/342-5571

## LIMITED BACKGROUND CRIMINAL HISTORY CHECK REQUEST FORM

All visitors to MSD of Martinsville Schools (including individuals interested in working with, chaperoning, or having lunch with students) during the school year will be required to have a Limited Criminal History Check. Completed background checks are confidential and will be kept in the school office. A valid driver's license or state-issued ID will be required for the background check. Please complete the information below and present your ID to the office at least a week prior to visiting or volunteering. **In order to keep our students safe, individuals who do not have a valid driver's license or state-issued ID will not be allowed access to our building or our students.** Please note: *If you have a misdemeanor conviction within the last 5 years or a felony conviction within the last 10 years, you will not be allowed to visit/chaperone during school hours.*

Legal name (as it appears on driver's license) \_\_\_\_\_ Male/Female  
Please Print Circle One

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Student Name \_\_\_\_\_ Your Relationship to Student \_\_\_\_\_  
Please Print Please Print

| List Any Siblings | School Siblings Attend | Your Relationship to Sibling |
|-------------------|------------------------|------------------------------|
|                   |                        |                              |
|                   |                        |                              |
|                   |                        |                              |
|                   |                        |                              |

By signing below, I hereby voluntarily authorize the Metropolitan School District of Martinsville to obtain a limited background criminal history check on me. I understand this information is gathered to ensure the safety of all students on each campus.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

|                      |                                      |
|----------------------|--------------------------------------|
| FOR SCHOOL USE ONLY: |                                      |
| School Name: _____   | Name of Person Conducting CBC: _____ |