



HERITAGE SCHOOL

Date: _____

Background Check Form

Personal Information

Note: This page will be kept completely separate from any other school records.

Name:

First: _____ Middle: _____ Last: _____

Other Name(s): _____

(of which public records may exist)

If you have a Heritage student, what is your relationship to him/her?

Address:

street _____ city _____

state _____ zip _____ country _____

phone # _____ email address _____

Date of Birth:

Social Security #

Driver's License #
(including state issued)

month / day / year _____

Have you ever been convicted of a criminal act? YES or NO

If yes, please explain:

By signing this form, I agree to allow Heritage School or its representative to utilize the provided information to verify my background, including a criminal background check.

Signature

Date