

**LIVONIA PUBLIC SCHOOLS
2015-2016 SCHOOL YEAR
ICHAT FORM**

Dear Parent/Guardian:

Livonia Public Schools, in an effort to ensure the safety and security of all children, is continuing our safety procedure for field trip drivers, chaperones and volunteers. (PALS, Motor Moms, ELVS)

It is necessary for all parents/guardians who will be chaperoning field trips to provide information for a criminal background check. The form found at the bottom of this letter is to be completed and returned to the school office. All of the forms from our building will then be sent to the Board of Education Office where the information will be entered into the ICHAT database. It is only the Office of the Administrator of Public Safety that is authorized to access the ICHAT database on behalf of the School District. Our school will be allowed to access a list of parents who are eligible to chaperone field trips. Except where disclosure is required by law, the results of the ICHAT database check will be shared on a 'need to know' basis only and will be kept on file in the Personnel office for the **current school year**.

Parents may elect not to be screened. **Please note that if you are not screened you will not be able to chaperone any children other than your own on school field trips.**

If you have any questions, please contact Mr. John Raymond, Administrator of Public Safety, at 734-744-2501. Thank you for your continued support of our children and school community.

(Please detach and return to your child's teacher.)

*I agree that the School District may conduct or have conducted by an individual or entity of its choice, a conviction only criminal check on me. I hereby consent to this search being conducted, and to the disclosure of the results of the search to the individual or entity conducting the search to the School District. I understand and acknowledge that criminal convictions may result in disqualification from serving as a driver or chaperone. **If you have students in more than one school, only one form per person is needed.** This ICHAT check will be effective for the 2015-2016 school year only.*

PRINT NAME (as shown on license) _____

Mr. **Mrs.** **Ms.** **Date of Birth:** _____

Signature: _____ **School:** _____

Date of Field Trip _____ **Teacher Name:** _____

OR Date Volunteering at school _____ **STUDENT NAME** _____

All of the above items must be filled out, and any changes made to this form will nullify this form. The form replaces and supersedes any previous form signed by me for this purpose.