Volunteer Procedures and Guidelines

Recently, the State and District have updated their requirements for Public School Volunteers. **ANY VOLUNTEER THAT IS DIRECTLY RESPONSIBLE FOR STUDENTS MUST HAVE THE FOLLOWING:**

REQUIRED DOCUMENTS

1. School Volunteer Enrollment Form
2. Volunteer Disclosure Form
3. TB Risk Assessment or Mantoux PPD. ***(TB test is required if you answer "yes" to any of the questions.)***
4. Copy of COVID Vaccination not required only if you have one ***(Submit a copy to Ms. Samuels in the Main Office)***
5. Delaware Child Protection Web Portal Consent Form ***(Once completed online, print and submit a copy to Ms. Samuels.)***
6. Delaware Child Protection Web Portal Consent Form Instructions
7. Fingerprint and Criminal Background Check Procedure. ***(Once completed, please submit a copy of the receipt to Ms. Samuels)***
8. Field Trip Guidelines for Chaperones ***(Please sign and submit to Ms. Samuels)***

RETURN THE FOLLOWING TO MS. SAMUELS: ***SCHOOL VOLUNTEER ENROLLMENT FORM, VOLUNTEER DISCLOSURE FORM, TB RISK ASSESSMENT, COVID VACCINATON IF YOU HAVE ONE, DCP COMPLETED CONSENT FORM, CBC RECEIPT, AND FIELD TRIP GUIDELINES FOR CHAPERONES. I WILL NOT ACCEPT INCOMPLETE VOLUNTEER PACKETS>***

Ms. Sameuls will contact you via email once you are cleared to volunteer.

You can also obtain Volunteer Information and the Volunteer Packets here:
https://www.christinak12.org/Page/395 or https://www.westparkplaceses.org

DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM

Please see the attached Delaware Child Protection Registry Request Web Portal instructions, with pictures included. I have also attached a copy of the required Web Portal Consent Form. Please use the Requesting Agency ID and Requesting Agency Contact ID in step number 9 of the instructions when completing the Web Portal Consent Form online. To access the portal, it is on the right side of the homepage, under the second green box, the cost is $14.00. If you need assistance, please contact Ruth Hess at (302) 892-5800. Please submit a copy of the online form to Ms. Samuels.

NEW CRIMINAL BACKGROUND CHECK PROCEDURE-STEP BY STEP INSTRUCTIONS INCLUDED

1. CBC-Is now being done through Identogo. https://uenroll.identogo.com.You must enter code 27RY4X

2. CBC-new cost $38.00

3. CBC RECEIPT GOES TO SCHOOL TO BE RECORDED. PLEASE GIVE A COPY TO MS. SAMUELS

Due to State of Delaware Code, volunteers are required to do a DCP and CBC **yearly**.

If you have questions, please contact Ms. Samuels @ 302-454-2290 or danielle.samuels@christina.k12.de.us

Christina School District
SCHOOL VOLUNTEER ENROLLMENT FORM

(Volunteers may include, *but are not limited to*, parent classroom volunteers, mentors, or field trip/activity chaperones.)

General Information:
(Please print clearly)

School Name: _____

Name: _____ Date of Birth: _____
Last *First* *Middle* *(required)*

Address: _____
Street *City* *State* *Zip*

Phone: (Home)_____ Work/Cell) _____ (Email) _____

Emergency Contact: Name_____ Phone _____

Check one: I am a volunteer who is...
- ☐ assisting only with my child's class
- ☐ assisting with any grade/class if needed
- ☐ Chaperoning a field trip/activity
- ☐ Mentor

How often are you willing to volunteer or chaperone? (check one)
- ☐ More than once a week
- ☐ Once a week
- ☐ Once a Month
- ☐ Other _____

Please list two references (excluding family):

Name	Address	Phone (best contact #)

Volunteer Contract:

As a volunteer at _____ I agree to:

- ☐ Respect confidentiality when dealing with students and school staff.
- ☐ Abide by the rules and policies of the school and the school district.

Signature of Volunteer: _____ Date: _____

Signature of Principal*: _____ Date: _____
*Required before volunteering in the classroom.

This enrollment form will be kept on file at the School Office. It will be valid for one (1) school year.

Christina School District
Volunteer Disclosure Form

It is the policy of the Christina School District to make every reasonable effort to provide a safe learning environment for students working with volunteers. Subsequently, the District requires the following confidential information from volunteers who directly work with students.

This form must be completed, and returned, to the School Office. Clearance must be received from school administration prior to beginning a volunteer experience in the Christina School District. Volunteers include, but may not be limited to, parents who serve as a volunteer, mentors, or field trip chaperones.

1. Have you ever been convicted of a crime other than a minor traffic violation? _____ Yes _____ No
   If yes, Please explain: _____

2. Have you ever been convicted or had an administrative finding, of violating any law involving child abuse, sexual abuse, sexual harassment or exploitation, or any other crime related to children? _____ Yes _____ No
   If yes, Please explain
   _____

3. Are you required to register as a sex offender with the Sex Offender Registry? _____ Yes _____ No
   If yes, Please explain: _____

4. Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned? _____ Yes _____ No
   If yes, Please explain: _____

I, as a volunteer working in the Christina School District, fully understand that this position is, as stated, on a volunteer basis, which inherent in its meaning, entitles me to no pay or any form of compensation for my services. I understand that the volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

I authorize Christina School District to review my personal background. I consent to having Christina School District conduct a criminal background check. I understand that any misrepresentation on any of the volunteer enrollment forms may result in immediate disqualification from any volunteer service within the district. I understand the Christina School District reserves the right to deny my application to serve as a volunteer. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to this process.

_____ _____

Signature Date

Please return this form to your student's school office.

Volunteer Name:_____ **Date:**_____

Volunteer Signature:_____

DELAWARE DEPARTMENT OF EDUCATION[1]
CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE
FOR VOLUNTEERS IN PUBLIC SCHOOLS

All school students, employees, and volunteers are required to be screening for Tuberculosis (TB)[2]. The purpose of this requirement is to safeguard school-aged children from exposure to TB in the school setting. This questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further testing. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner. The questionnaire must be completed every five years. The volunteer may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

Please consider the following questions and circle only ONE response in the box below[3]:

Can you answer "yes" to *any* of the questions below?	
1. In the past five years, have you lived or been in close[4] contact with anyone who had active, infectious TB disease? 2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks? Cough Fever Night sweats Weight loss 3. Have you ever had a positive HIV test? 4. In the past five years, have you ever used illegal intravenous drugs? 5. In the past five years, have you been incarcerated? 6. In the past five years, have you been homeless which resulted in living in a shelter or with others outside of your family, who were homeless? 7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health. • In the past five years, have you stayed/lived in one of these countries for 1 month or longer? • In the past five years, have you lived or been in close contact with someone who stayed/lived in one of these countries for 1 month or longer?	YES ☐ NO ☐

If you checked YES, you are required (within 2 weeks) to provide verification from a licensed health care provider or the Division of Public Health that there is no communicable threat.

Have you ever had a positive skin test for tuberculosis?	☐ Yes ☐ No
If you checked yes, you are required to provide documentation related to current disease status prior to your assignment or continued assignment as a volunteer. If you have provided documentation of completing treatment for active or latent infection, no further documentation is required.	

These requirements are for the safety of our school and for your personal health. Screening for tuberculosis is recommended by health professionals for any individual who is at risk. Routine screening, using a Mantoux tuberculin skin test or a TB blood test, such as the Quantiferon Gold TB Test, can detect if a person has been exposed to tuberculosis. Early identification of infection and completion of a course of antibiotic treatment significantly reduces the chance of developing active TB disease over the lifetime of infected individuals.

If you have any questions about your risk of infection, please speak with your healthcare provider or plan to discuss it at your next examination. For additional information, you can contact the Delaware Division of Public Health TB Elimination Program at 302-744-1050.

[1]Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005, 7/2010, 7/2013, 5/2015.
[2]Regulation 805 can be accessed at http://www.state.de.us/research/AdminCode/title14/800.
[3]To maintain confidentiality of medical information, the employee should not provide an individual answer to each question. The employee's response of "yes" indicates that at least *one* of the seven questions is correct, which means a possible exposure. The employee should not indicate which one. The employee may prefer to provide evidence of TB testing in lieu of completing the questionnaire.
[4]CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious

DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

Web Portal

Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes ☐ No ☐

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18):

PART II - REQUESTER INFORMATION

Check one option below and complete required information*:

1. ☐ Agency Request – Agency Name*:

2. ☐ Individual Request – Self

3. ☒ Individual Request – Share Results with Requesting Agency

   Requesting Agency 1 – Agency Name*: **Christina School District - Human Resources**

   Requesting Agency 2 – Agency Name*:

   Requesting Agency 3 – Agency Name*:

   Requesting Agency 4 – Agency Name*:

   Requesting Agency 5 – Agency Name*:

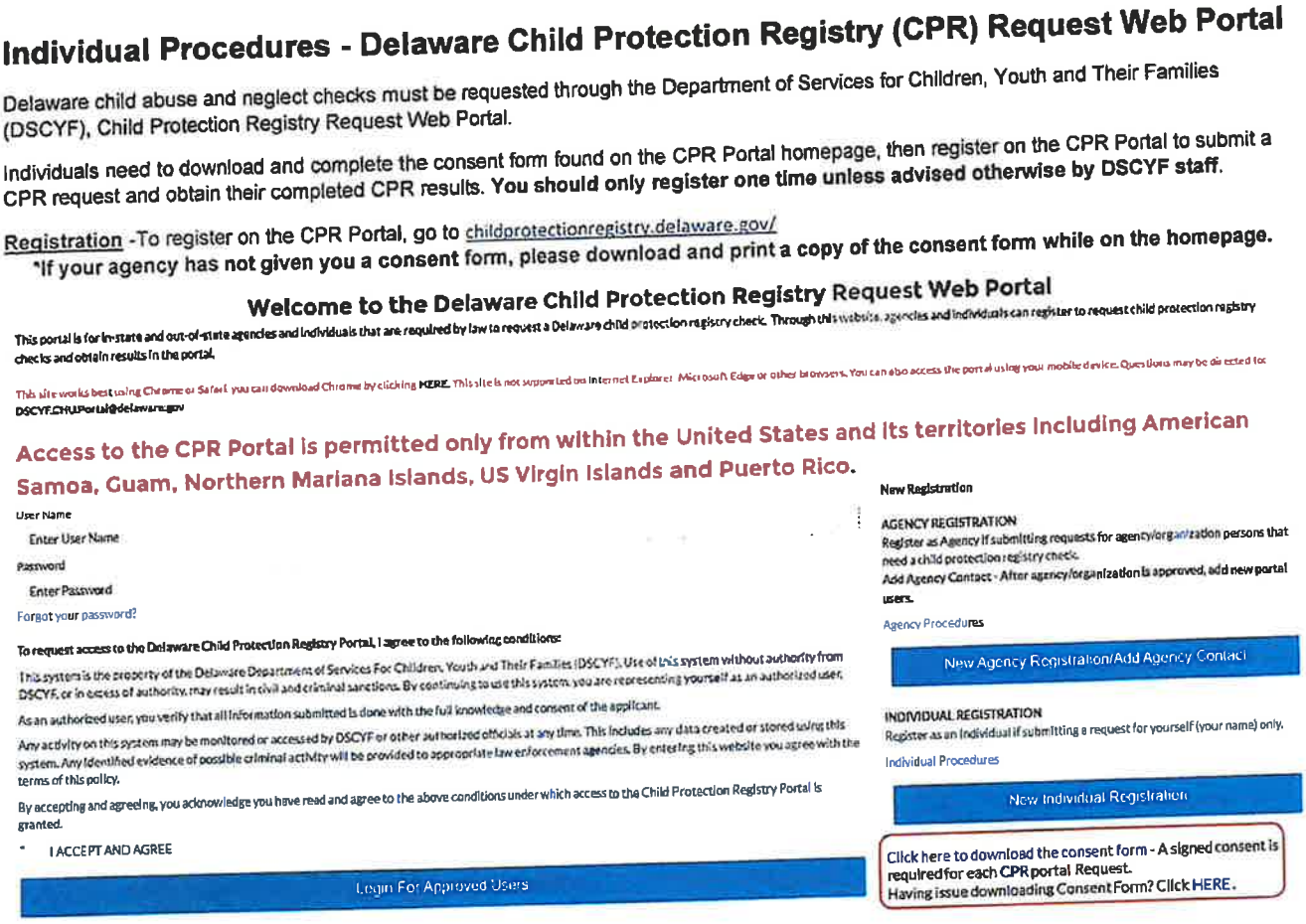
* Mandatory (Agency Name is Mandatory.)

Individual Procedures - Delaware Child Protection Registry (CPR) Request Web Portal

Delaware child abuse and neglect checks must be requested through the Department of Services for Children, Youth and Their Families (DSCYF), Child Protection Registry Request Web Portal.

Individuals need to download and complete the consent form found on the CPR Portal homepage, then register on the CPR Portal to submit a CPR request and obtain their completed CPR results. **You should only register one time unless advised otherwise by DSCYF staff.**

Registration -To register on the CPR Portal, go to childprotectionregistry.delaware.gov/
*If your agency has not given you a consent form, please download and print a copy of the consent form while on the homepage.



Welcome to the Delaware Child Protection Registry Request Web Portal

This portal is for in-state and out-of-state agencies and individuals that are required by law to request a Delaware child protection registry check. Through this website, agencies and individuals can register to request child protection registry checks and obtain results in the portal.

This site works best using Chrome or Safari, you can download Chrome by clicking HERE. This site is not supported on Internet Explorer, Microsoft Edge or other browsers. You can also access the portal using your mobile device. Questions may be directed to DSCYF.CHUPortal@delaware.gov

Access to the CPR Portal is permitted only from within the United States and its territories including American Samoa, Guam, Northern Mariana Islands, US Virgin Islands and Puerto Rico.

User Name
Enter User Name
Password
Enter Password
Forgot your password?

To request access to the Delaware Child Protection Registry Portal, I agree to the following conditions:

This system is the property of the Delaware Department of Services For Children, Youth and Their Families (DSCYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal sanctions. By continuing to use this system, you are representing yourself as an authorized user.

As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.

Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree with the terms of this policy.

By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which access to the Child Protection Registry Portal is granted.

- I ACCEPT AND AGREE

Login For Approved Users

New Registration

AGENCY REGISTRATION
Register as Agency if submitting requests for agency/organization persons that need a child protection registry check.
Add Agency Contact - After agency/organization is approved, add new portal users.

Agency Procedures

New Agency Registration/Add Agency Contact

INDIVIDUAL REGISTRATION
Register as an Individual if submitting a request for yourself (your name) only.

Individual Procedures

New Individual Registration

Click here to download the consent form - A signed consent is required for each CPR portal Request.
Having issue downloading Consent Form? Click HERE.

1. Click **New Individual Registration**.

As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.

Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree with the terms of this policy.

By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which access to the Child Protection Registry Portal is granted.

- I ACCEPT AND AGREE

Login For Approved Users

INDIVIDUAL REGISTRATION
Register as an Individual if submitting a request for yourself (your name) only.

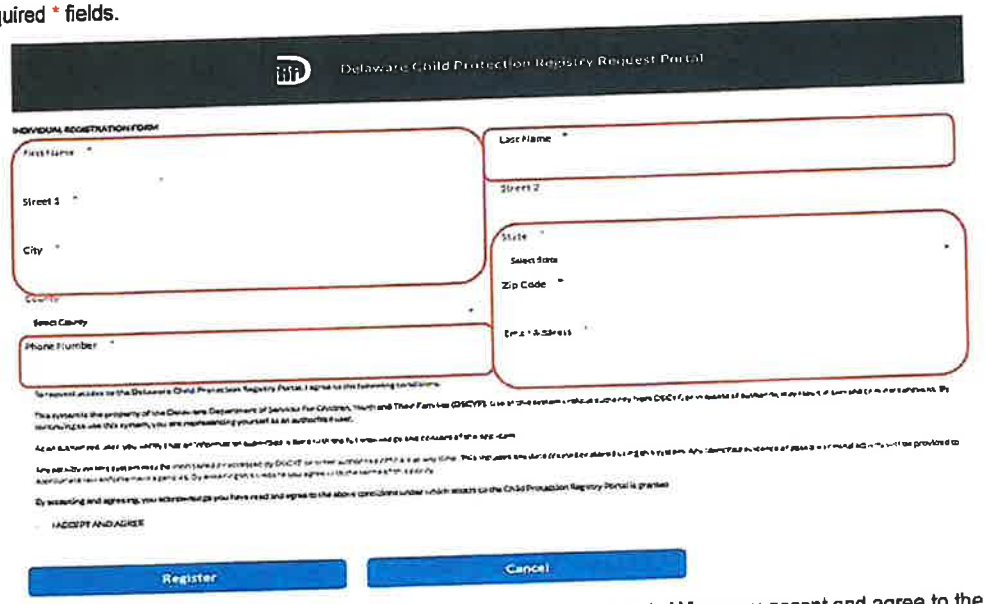
Individual Procedures

New Individual Registration

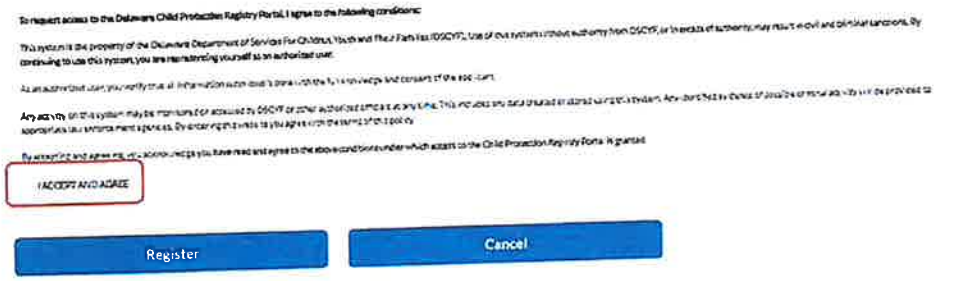
Click here to download the consent form - A signed consent is required for each CPR portal Request.
Having issue downloading Consent Form? Click HERE.

The INDIVIDUAL REGISTRATION FORM will appear:

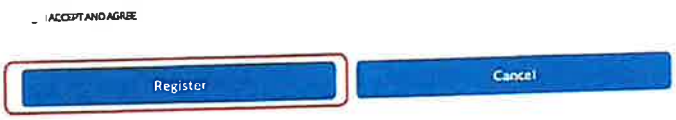
2. Complete all required * fields.



3. Read the conditions for requesting access to the Delaware Child Protection Registry Portal. When you accept and agree to the conditions, click the box beside I ACCEPT AND AGREE.

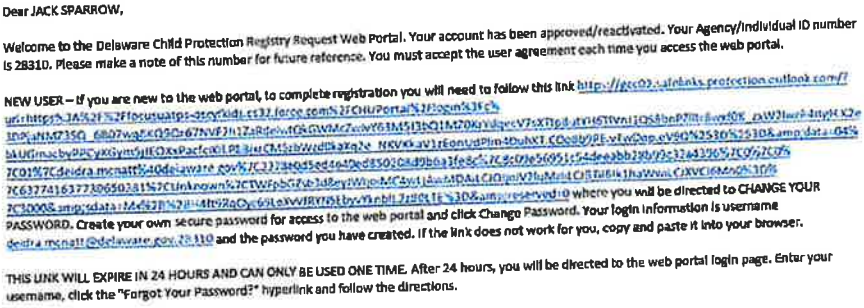


3. Click **Register**.



If all required information is completed, the screen should turn white, and then a notice will appear to **Check your email regarding the status of your registration**.

4. Check your email for a **Welcome to the Delaware Child Protection Registry Portal** notice. It will contain your Agency ID number and User Name. If this email is not received within 5 days of registration, call the Criminal History Unit (CHU) at 302-892-4525. You will need to provide your assigned ID number and the date registered.



6. Read the entire email, click on large link.

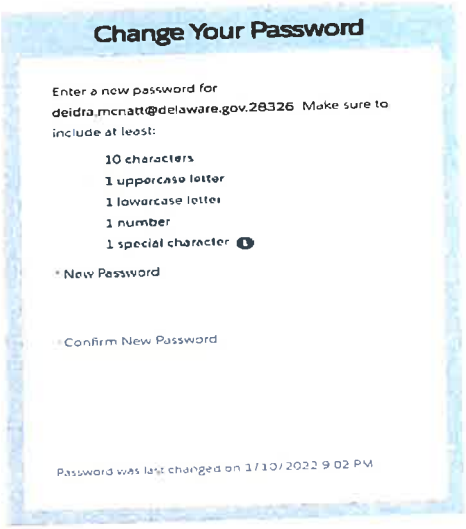
Dear JACK SPARROW,

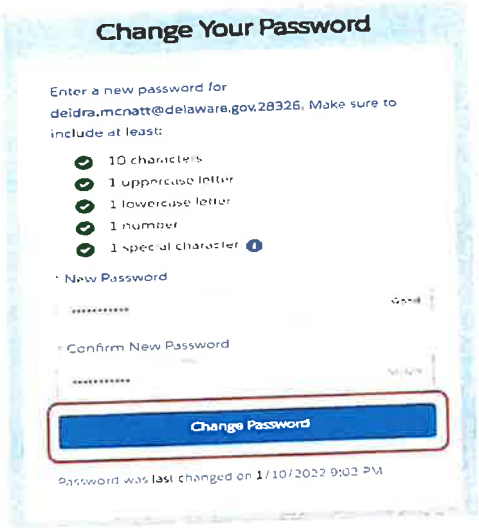
Welcome to the Delaware Child Protection Registry Request Web Portal. Your account has been approved/reactivated. Your Agency/Individual ID number is 28310. Please make a note of this number for future reference. You must accept the user agreement each time you access the web portal.

NEW USER – If you are new to the web portal, to complete registration you will need to follow this link https://pcc02.safelinks.protection.outlook.com/?[illegible] where you will be directed to CHANGE YOUR PASSWORD. Create your own secure password for access to the web portal and click Change Password. Your login information is username deidra.mcnatt@delaware.gov.28310 and the password you have created. If the link does not work for you, copy and paste it into your browser.

THIS LINK WILL EXPIRE IN 24 HOURS AND CAN ONLY BE USED ONE TIME. After 24 hours, you will be directed to the web portal login page. Enter your username, click the "Forgot Your Password?" hyperlink and follow the directions.

7. Enter new password, confirm password, click **Change Password**. Keep your User Name and Password for future CPR Portal access.





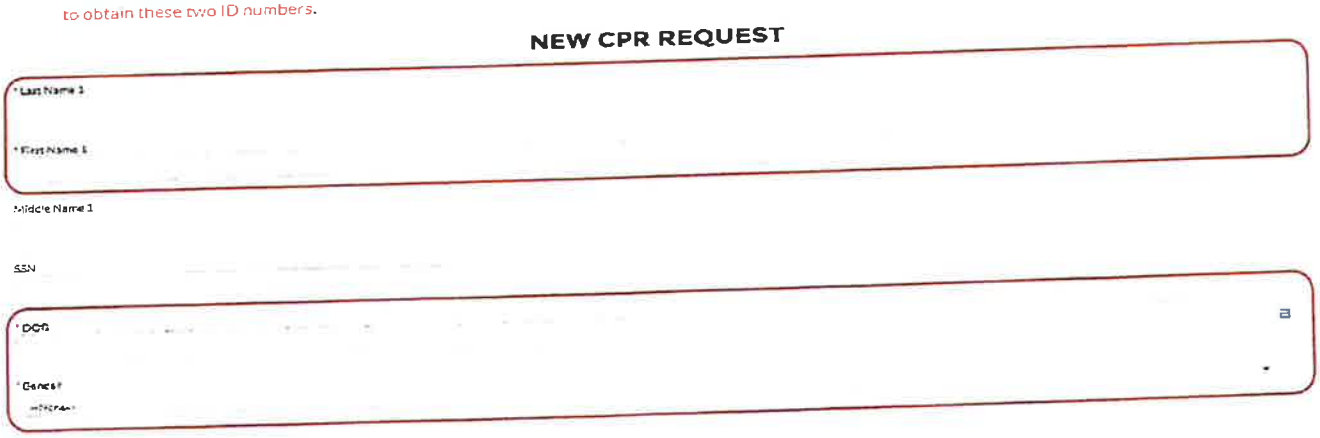
8. Click **CLICK HERE TO CREATE NEW CPR REQUEST**. Note: If you are sharing your results with an agency, the Requesting Agency ID number and the Requesting Agency Contact ID number are required for each agency. The Agency Contact can provide this information. Follow the procedures below to share your results.

CLICK HERE TO CREATE NEW CPR REQUEST

9. Complete all required* fields (additional fields can be completed for a more extensive search of the child protection registry), click **CONFIRM**. Request is in "PENDING" Status.

For CPR results to be shared with an Agency, the requesting Agency ID and requesting Agency Contact ID are required. Please contact the requesting Agency to obtain these two ID numbers.

NEW CPR REQUEST



REQUESTING AGENCY ID 1

446

REQUESTING AGENCY CONTACT ID 1

22880

REQUESTING AGENCY ID 2

REQUESTING AGENCY CONTACT ID 2

REQUESTING AGENCY ID 3

REQUESTING AGENCY CONTACT ID 3

REQUESTING AGENCY ID 4

REQUESTING AGENCY CONTACT ID 4

REQUESTING AGENCY ID 5

REQUESTING AGENCY CONTACT ID 5

CONFIRM

10. Follow instructions on page for **How to upload completed consent form and complete submission.** In Notes and Attachment section, click **Upload Files** to upload the completed CPR consent form. ****A blank consent form can be found on the homepage below the New Individual Registration button.**

Click here to create an additional CPR request, view CPR request status, make CPR request payment.

Edit Review and Save View Reload History

Child Protection Registry
0000975841

All child protection registry requests must include a consent form signed by the applicant. Failure to submit the required signed consent for each request may subject you to criminal and civil sanctions under Delaware law.

How to upload completed consent form and complete submission: Scan the consent and send to your email. From your email, click on the scanned consent and save by clicking on "File" and then "Save". Click on Upload File below. Find the saved consent form related to the request. Double click on the consent form. A message across the portal screen will read Upload Files. When upload complete, click Done. Click "Review and Save", on following page click Save to submit request or Cancel to save in Pending Requests.

Reminder regarding Requesting Agency Information

If you are sharing your results with an Agency, Agency ID and Agency Contact ID are required. If you did not enter this information when creating your CPR Request, there will be a final opportunity to add this detail during Review and Save. Once saved, this information cannot be entered.

Files (0)

Upload Files

Or drop files

11. Message across middle of screen "Upload Files", click **Done**.

Upload Files

158 KB

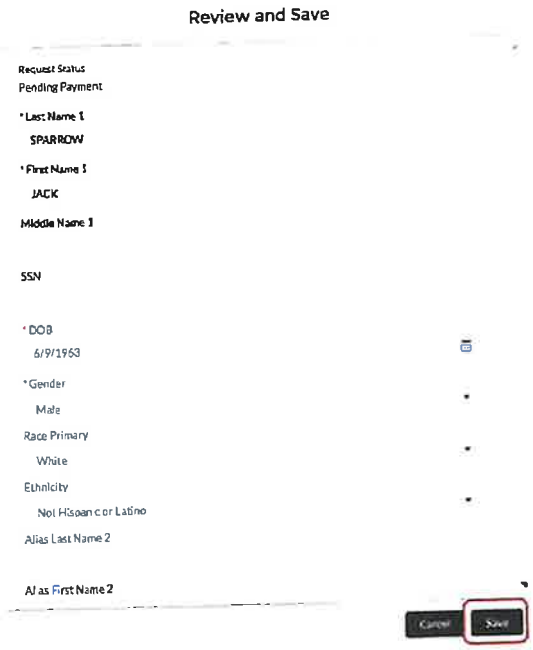
1 of 1 file uploaded

Done

12. Message at top of page - **1 file was added to the Child Protection Registry**.

13. Top right side of page, click **Review and Save**.

14. Click **Save**.



15. Message at top of page - **CPR request successfully submitted**. Request is under "CONTINGENT PAYMENT REQUESTS", needing payment to submit.
16. To view CPR request status or make CPR request payment, click at top of page **Click here to create an additional CPR Request, view CPR requests status, make CPR request payment**.

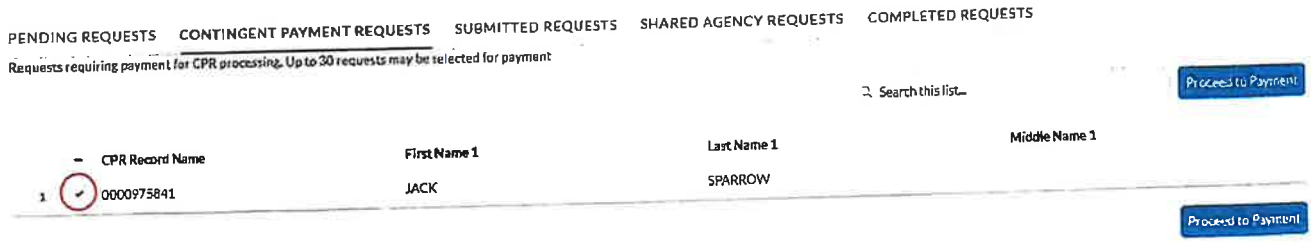
Optional Procedures for An Individual Sharing CPR Results with An Agency

1. Individual completes **New Individual Registration** by following the **Individual Procedures** above.
2. Individual obtains Agency ID number and Agency Contact ID number from the agency that they are sharing their results with and enters this information in the appropriate fields at the bottom of the **Create New CPR Request** page. By entering this information, you are allowing the Agency Contact to view and print the results of the CPR request. An individual can share results with up to five agencies by adding the Requesting Agency ID and Requesting Agency Contact ID for each agency when making a **New CPR Request**. This must be done prior to clicking Save and submitting payment. If this information is not entered on the **Create New CPR Request** page, the individual will be given a final opportunity to enter this information on the **Review and Save** page. This information cannot be entered once the request is saved.
3. On the CPR consent form, check number 3, "Individual Request – Share Results with Requesting Agency," and then list below the name of each agency you are sharing the results with.

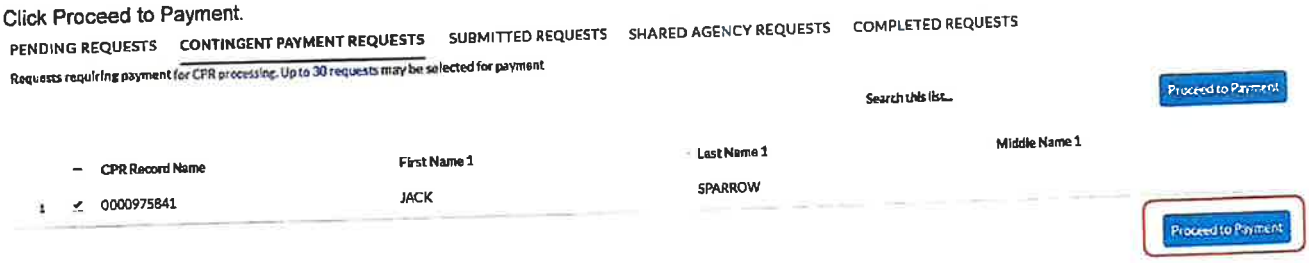
Payment for CPR Request

1. Click "CONTINGENT PAYMENT REQUESTS" tab.

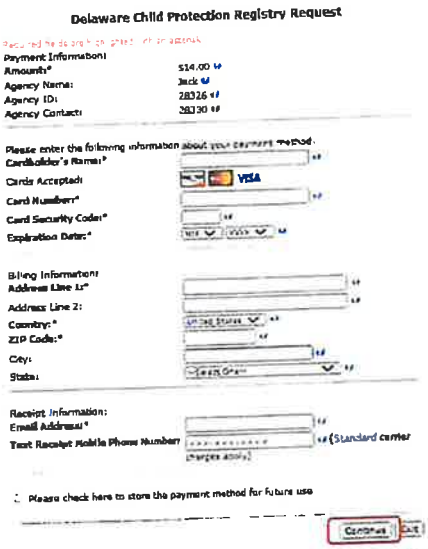
2. Under CPR Record Name column, click box to left of name. A check mark will appear in the box.



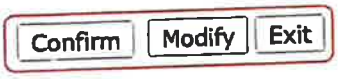
3. Click Proceed to Payment.



4. Complete all required * fields, click Continue.

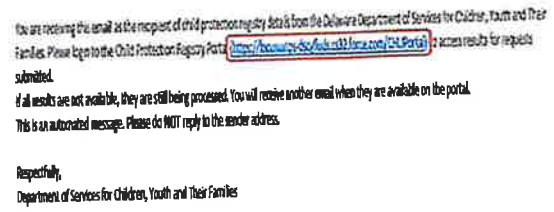


5. Click Confirm, Modify or Exit. Clicking confirm will attempt to make payment. After payment validation, request moves under "SUBMITTED REQUESTS" tab.



CPR Results

1. Allow 10 business days to receive a **Child Protection Registry Notification** email informing you that CPR results are available on the CPR Portal. Click email link to login CPR Portal.



2. Click the "COMPLETED REQUESTS" tab.

3. In the CPR Letter column, click download to view and print results letter. Results will be available on the CPR Portal for six months.

Questions may be directed to: DSCYF.CHU.Portal@delaware.gov

Christina District - USE ONLY

IdentoGO

Fingerprint Service Code Form

Service Name: Public School Volunteer – Christina District

To Schedule your ten-minute fingerprint appointment, simply visit https://uenroll.identogo.com and enter the following Service Code

27RY4X

Service Code is unique to your hiring/licensing agency. ***Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Name Linking Documents (only needed if name on identification does not match name in registration):

- Original or Certified Copy of a Court Ordered Name Change Document (to include marriage certificates and divorce decrees)

Don't have access to the Internet? You can still schedule an appointment by calling **866.761.8069.**

IdentoGO

English

Enter your Service Code to get started.

GO

To begin scheduling process, applicants would enter their provided Service Code.

Don't know your Service Code?
Contact your agency or click here.

IdentoGO® has a growing number of convenient locations across the U.S. to meet your identity-related needs.

Check the Status of your Service
Check your status or reprint your cardscan registration form.
For additional help, contact customer service.

Manage an existing Appointment
Reschedule an existing appointment or schedule a retake.

We provide the following additional services

State History Check
Request a copy of your criminal history record from a participating State

FBI History Check
Request a copy of your criminal history record from the FBI. Personal use only, cannot be used for Employment or Licensing purposes

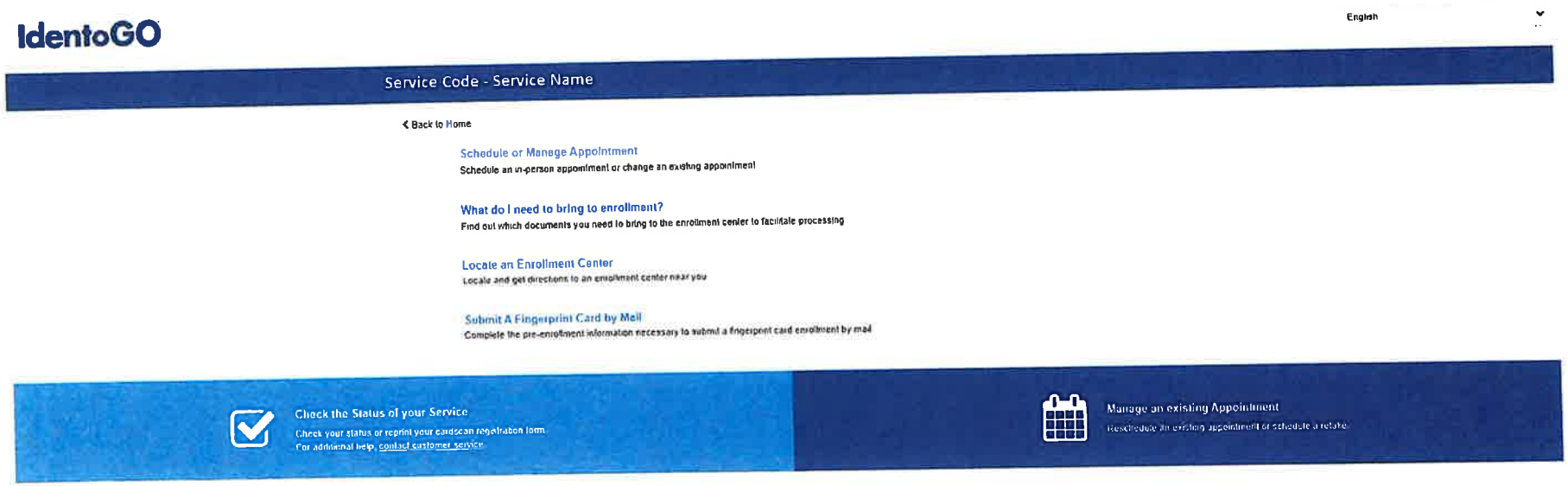
Fingerprint Cards
Collect your fingerprint images for a fingerprint card (FD 258)

Photo Services
Take photo 2x2 photos for passport and visa documents

Additional Services offered by IDEMIA at select Enrollment Centers.

Once an applicant has completed the fingerprinting process, they can check the status of their folio by clicking here.

Applicants needing to reschedule an appointment can click here to access schedule availability.



- **Schedule or Manage Appointment** *(Schedule an in-person appointment or change an existing appointment)*
- **What do I need to bring to enrollment?** *(Find out which documents you need to bring to the enrollment center to facilitate processing)*
- **Locate an Enrollment Center** *(Locate and get directions to an enrollment center near you)*
- **Submit a Fingerprint Card by Mail** *(Complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail. Further instructions regarding this process will be sent separately)*

The following screens show the process for a new applicant that selects "Schedule or Manage Appointment".

Service Code – Service Name

Essential Info | Additional Info | Citizenship | Persona. Questions

* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to check the status of your service or 'Cancel' to exit.

Name / Method of Contact | UE ID | Date of Birth

Notes:

- Important! You must finish the registration process to be fingerprinted. You will receive an email or confirmation number when registration is complete.
- Legal Name must match exactly on all identification documents brought to enrollment.
- Remember the phone numbers and/or email address provided below, as they will be used to retrieve your information during your in-person enrollment.

Legal Name

* First Name

Middle Name (or NMN if no middle name)

* Last Name

Suffix

– Choose One –

Date of Birth

* Date of Birth

* Confirm Date of Birth

* Method of Contact (at least one method is required)

Email

Confirm Email

Country Code

United States

Phone 1

Country Code

United States

Phone 2

* Preferred Method of Contact

Email

Cancel

Next >

*Applicants that provide an email address as the method of contact will receive notifications via email. If an applicant does not provide an email address, contact will be made via phone only.

Service Code – Service Name

Essential Info | Additional Info | Citizenship | Personal Questions | Personal Info | Address

* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Citizenship

* **Country of Birth**

– Choose One –

City of Birth

* **Country of Citizenship**

– Choose One –

Cancel

Back | Next

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Service Code – Service Name

Essential Info | Citizenship | Personal Questions | Personal Info | Address | Docume

* Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

* Have you ever used a maiden/previous name? ◯ Yes ◯ No

* Have you ever used an alias? ◯ Yes ◯ No

* Is your mailing address the same as your residential address? ◯ Yes ◯ No

* Do you have an Authorization Code (Coupon Code) that you will be using as a method of payment? ◯ Yes ◯ No

NOTE: Please have Authorization Code available to enter on the website later in the scheduling process.

✖ Cancel

< Back

Next >

Service Code – Service Name

Citizenship > Personal Questions > Personal Info > Address > Documents > Location

* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to continue or 'Cancel' to exit.

Personal Information

US Metric

* Height: 1 ft in
* Weight: lbs
* Hair Color: – Choose One –
* Eye Color: – Choose One –

Preferred Language (Receipts & other communication): English

* Gender: -- Choose One –
* Race: – Choose One –

Cancel Back Next

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Service Code – Service Name

Personal Questions | Personal Info | Address | Documents | Location | Date and Ti

* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Mailing Address

* Country

-- Choose One --

* Address Line 1

Address Line 2

* City

* Postal Code

Cancel

Back

Next

Service Code – Service Name

Personal Info | Address | Documents | Location | Date and Time

* Required Fields

Please select the required documents to bring to your enrollment. Then click 'Next' to continue or 'Cancel' to exit

Documents

* Document

-- Choose One --

* Does the name you are enrolling under match the name on all documents selected?

Yes | No

Cancel

Back | Next

Service Code – Service Name

Address | Documents | Location | Date and Time

* Required Fields

Enter a Postal Code, City, Airport Code or Special Location Access Code to search for a location to schedule your appointment. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

Note: Your registration is not yet complete. You must select a location, as well as a date/time on the following pages prior to receiving your appointment confirmation.

Search for an Enrollment Center by Postal Code, City and State, or Airport Code.

Search

Number of Results: 5

Cancel

Back

Next

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Service Code – Service Name

Documents | Location | Date and Time

* Required Fields

Enter a Postal Code, City, Airport Code or Special Location Access Code to 'Search' for a location to schedule your appointment. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

Note: Your registration is not yet complete. You must select a location as well as a date/time on the following pages prior to receiving your appointment confirmation.

Search for an Enrollment Center by Postal Code, City and State, or Airport Code.

Number of Results: 5

Search

Location	Address	Next 7 Days	Distance
Any City, Any State	Sample Address	150 appointments available	0.41 mi
Any City, Any State	Sample Address	1451 appointments available	4.2 mi
Any City, Any State	Sample Address	684 appointments available	8.35 mi
Any City, Any State	Sample Address	278 appointments available	13 mi
Any City, Any State	Sample Address	148 appointments available	16.34 mi

Cancel

Back | Next

Service Code – Service Name

Location | Date and Time

* Required Fields

Select a preferred date and time for your appointment at the specified location. Then click 'Submit' to confirm or 'Cancel' to exit. If you are unable to make an appointment for the available times or all appointments are booked, click the 'Back' button below, to select another location.

Appointment Date and Time (first available displayed by default)

Select Date

– Choose One –

Select Time

– Choose One –

Location Details:

Sample Address
Any City, Any State 12345-0000

Back | Submit

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Service Summary

Service Code – Service Name

Status as of 3/7/2018

Pre-Enrolled
You have successfully pre-enrolled

Service Details

[illegible]	**Date pre-enrollment updated**
[illegible]	**Sample UE ID**
[illegible]	**Applicant Name**
[illegible]	**Service Code – Agency Name**
[illegible]	**Estimated Amount Due**

Note: [illegible] appointment time and location. The total above accurately reflects the Amount Due. This total does not include any credit card convenience fees, changes to applicable sales tax, if applicable, outside the scope of terms or additional purchases made during the appointment. If you have additional questions about the total amount due, please call our Customer Service team at 888 845 1424.

We accept the following methods of payment:
Authorization Code, Business Check, Money Order, Credit Card

Credit card payment is may be subject to a service fee [illegible]

Important!
YOU WILL BE REQUIRED TO BRING THE FOLLOWING DOCUMENTS TO YOUR ENROLLMENT
Legal Name must match exactly on all identification documents brought to enrollment
1. Passport Book or Card

Service Code – Service Name

Appointment City **Sample Address** **Sample City, State, Zip Code**	**Appointment Time:** **Appointment Date and Appointment Time**

Please provide 24 hours notice when canceling/rescheduling an appointment

Done

*Applicants that provide an email address will also receive the Service Summary via email. Applicants that do not provide an email address will not receive further appointment confirmation.

West Park Place Elementary School
Field Trip Guidelines for Chaperones

Thank You for Your Support!

We believe that field trips provide a valuable educational experience for students. Field trips increase student knowledge and understanding of a subject and add realism to the topic of study. Without the help of volunteer chaperones, most field trips would not be possible. Thank you very much for giving your time and support.

In order to help ensure that school-sponsored field trips result in safe and rewarding experiences for all participants, we have prepared these guidelines to provide information about volunteering as a field trip chaperone.

Becoming a Volunteer Field Trip Chaperone

Student safety is our paramount concern. All volunteers must be approved by the District. You can begin this process by completing the school volunteer packet found in the school office or on the West Park Place website. Information from this paperwork is kept confidential.

Guidelines for Volunteer Chaperones

Before the field trip, the classroom teacher will provide you with information regarding the activities planned for the trip, expectations for supervising students and emergency procedures. In addition, the following general guidelines will help you be a good chaperone. If you have questions regarding these guidelines, please speak to the teacher or the principal.

1. All school rules apply on school sponsored field trips. Chaperones are expected to follow school rules, follow the directions given by the coordinating teacher, work cooperatively with other volunteers and school staff members, and serve as a role model for students. The chaperone will follow the trip plan developed by the teacher.
2. Students must be supervised at all times while at a school sponsored event. As a chaperone, you will supervise a small group of students, helping them learn and making sure they are safe. Students must stay with you, their chaperone, at all times. Check to make sure you know where all students are regularly and before changing activities. Be sure you know when and where to meet the rest of your group at the end of the visit. Count. count. count. all **day!**
3. Student behavior is the teacher's responsibility. School rules related to student behavior apply. Teachers will go over the rules and standards of behavior, safety rules, and any site-specific rules with students. It is the responsibility of the teacher to discipline a student who is misbehaving.
4. Chaperones:
   - May not use or possess alcohol or drugs
   - May not use tobacco in the presence of, or within the sight of, students
   - May not administer any medications, prescription or nonprescription, to students
5. There is no eating or drinking on the school bus.
6. For the protection of both the student and the chaperone, chaperones should not be alone with a student at any time - for example in a restroom, etc.

over