

REQUEST FOR LIMITED ADULT CRIMINAL HISTORY INFORMATION

Please print all information

First Name: _____

Last Name: _____ Middle _____

Maiden Name: _____

Nickname (if applicable): _____

Date of Birth: _____ Sex: _____

Race: _____
(A-Asian/Pacific; W-White; I-American Indian/Alaskan; B-Black; M-Multi-Racial; U-Unknown)

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Signature _____ Date: _____

Mission Statement: "Christ First, Academics Second to None"

It shall be the policy of the school, to admit students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities accorded or made available by the school. The school shall not discriminate on the basis of race, color, gender, national or ethnic origin in administration of its educational policies, scholarship and loan programs, admission policies, and athletic and other School Administered programs.